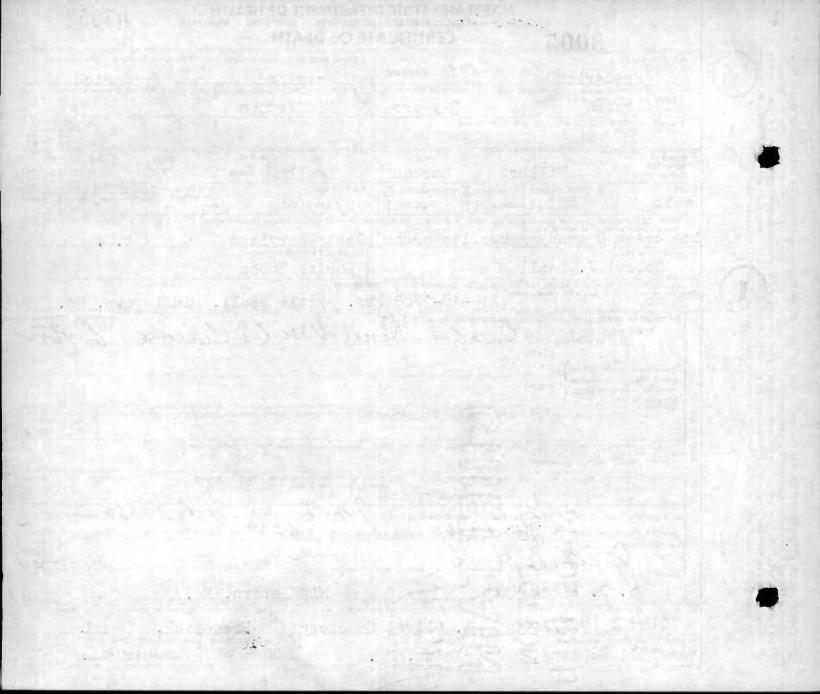
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARY CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH	05050
AND RECORDS - BALTIMORE 1, MARYLAND	07958
ATE OF DEATH	

	8005	CERTIFIC	CATE	F DEATH					
1. PLACE OF DEATH a. COUNTY Fred	erick	MARYLAN	1 0 5	Marylar		lived. If instituti b. COUNTY			
	autside carporate limits, write	c. LENGTH OF STAY IN 7 years	1b Xc. 0	Middlei	autside carpora	ite limits, write R			
d. NAME OF HOSPITA OR INSTITUTION	L (If nat in haspital, give stre	et address)	d.	STREET ADDRESS	C H			0	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	First Willard	Morton		Lost Beall	4. DATE OF DEATH	Mar 7	nth	Day 1	Year 19 60
s. sex male	6. COLOR OR RACE 7. MA White wido		- 1	of birth /30/1888	3	AGE (In years last birthday) 72 yrs.	- T	_	INDER 24 HRS
during most of worki	N (Give kind of work done 10 ng life, even if retired) Candy Mak	b. KIND OF BUSINESS OR II		1 37	ar foreign cau 71and	intry)	12. CITIZ		AT COUNTRY
13. FATHER'S NAME Robert	J. Beall			other's maiden in Ouise Ho					
	Commender whether an extra commend	6. SOCIAL SECURITY NO. 1214-10-3709	Mrs.	Myrtle	Beall	, Midd		n, M	d.
Canditions, if an gave rise to im cause (a), stating t lying cause last. PART II. OTHI	mediate (s <u>contributing to de</u> ath	BUT NOT RE	ATED TO THE TERM	INAL DISEASE	CONDITION GIV	VEN IN PART	PE	ERFORMED?
PART II. OTHI	CAUSE OF DEATH	ESCRIBE HOW INJURY OCC	URRED. (Enter	nature of injury in	Part I or Part	II of item 1B.)		YES	S NO D
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year 20d Whi at w	le Nat while		NJURY (Hame, farmeet, affice bldg., etc	c.)	or town)	(Co	ounty)	(State
21. I certify that saw the decease 22a. SIGNATURE	(I) (this haspital) atte	nded the deceased from 27 1960, and the	11	N 64	M, fram t	he causes ar			22b. DATE
22c. PHYSICIANYS NAME (1996)	J. Elmer Han	arp	M.D. PH		etown	Md.		7-	-1-6
23a. BURIAL, CREMATION REMOVAL (Specify) DUI 1 a 1 24. FUNERAL DIRECTOR'S	7/3/1960	23c. NAME OF CEMETE	. ~	etery	23d. LOCATIO	on (City, town, derick		Md.	(State)
		Middletom, 1	Md.	DATE J	-		rthur S.		



VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CFRTIFICATE OF DEATH

07959

(3/1) CERTIFICA	AIL OI DEAIII
1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 501 East Church Street	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\sum \color \) NO \(\sum \color \)
3. NAME OF DECEASED (Type or print) James Henry Gambrill Best	Last 4. DATE Month Day Year
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED Widowed Divorced Divorced 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INC	June 13, 1878 9. AGE (In yeors lost birthdoy) Wonths Days Hours Min.
during most of working life, even if retired) Retired Supt. of Fertilizer Co. 13. FATHER'S NAME	Frederick Co. Maryland U.S.A.
John Thomas Best	Margaret J. Dorsey INFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	rs. James H.G. Best 514 East Church Street
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	y veclusion interval Between ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	erosis gent
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? YES \(\subseteq \text{NO} \)
	RRED. (Enter noture of injury in Port I or Port II of item 18.)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stot foctory, street, office bldg., etc.)
	t deoth accurred at La.M. from the couses and on the date stated obove
220. SIGNATURE BOROMOS	ATTENDING MED. STAFF SIGNE M.D. PHYS. DIRECTOR PHYS. D
22c. Physician's NAME (Type) O. Thomas, Sr.	M.D. 228 N. Market Street Frederick, Md
23g. BURIAL, CREMATION, REMOVAL (Specify) Burial July 23, 1960 Mt. Olivet	Cemetery Frederick, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frederick	Maryland DATE JUL 25 '60 Calling S. Traus

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CATE OF DEATH	U
LAIE OF DEATH	Reg. Dist. No.

			4							Keg. D	11. No.		
1.	PLACE OF DEATH	lerick		M	ARYLAND	2. USUAL RESID	Maryl		d lived. If institu b. COUNT		deri		sion)
	b. CITY OR TOWN (I RURAL and give no Freder)	f outside corporate limit orest town) .CK	, write	s. LENGTH OF S					al-R.F.D		give nea	rest tow	n)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Monocacy Hall Nursing Home ### d. STREET ADDRESS Mt. Pleasant							ON YES	SIDENCE L FARM?					
	NAME OF DECEASED (Type or print)	Firs WALTI		MAYNA	ddle RD	BUCKEY		4. DATE OF DEATH		July	6, Day		Yeor 1960
5. 3	Male	6. COLOR OR RACE	7. MARR	44	RRIED	8. DATE OF BIRTI		383	9. AGE (In years less)birthdoy) yrs	Months	Doys	Hours	ER 24 HRS. Min.
100	during most of work	ON (Give kind of work ding life, even if retired)		KIND OF BUSINES	S OR INDU		ryland	_	ountry)	12. CI		JSA	COUNTRY?
13.	FATHER'S NAME	Herman A.	Buck	еу		14. MOTHER'S			Nusbaum				***************************************
15. (Ye		R IN U. S. ARMED FORC		social security 12-38-96		s. Ruth	E. Dut	trow-	Freder 21 East	ick, I Third	Str	Land	
	Conditions, if a gove rise to is couse (o), stating lying couse lost.	nmediote (DUE TO	Ca	Talma	nea nea	of Sign	nolur	d,ni	lanlage	is	25	L. H.	DEATH
CERTIFICATION		IER SIGNIFICANT COND	OITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(o) 15	PERFC	AUTOPSY ORMED?
L CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	Y OCCURRE	D. (Enter noture o	f injury in P	ort I or Por	t II of item 18.)				
MEDICA	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea 19	While	NJURY OCCURRED Not while t of work	20e. PL	ACE OF INJURY (story, street, office			or town)	(County)		(Stote)
	21. I certify the alive on	at I attended the	_, 19 <u>4</u>	13	hat death	, 19 <i>35</i> accurred at m.p. 228	12/35	AM, fran	n the Causes treet, city or town	and an t	last sa he dat Jul	e stat	ATE SIGNED
	PHYSICIAN'S ENAME (Type)	. O. Thomas		. D.		Free	derick	, Md.					
22c	BURIAL, CREMATIO	7-8-60		Clade					rsville,	7.1	land	(Stot	le)
23.	FUNERAL DIRECTOR	SSIGNATURE Son	Fre	ADDRESS ederick,	Md.		24a. REC'D	BY REGIST		ISTRAR'S SI			

VS A15 (4) 15M 9/55

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			Level Section 1

TIMENT OF HEALTH-BALTIMORE, 18

ARYLAND STA	TE DEPARTMENT	T OF HEALTH—BALTIMORE,	18

079618006 CERTIFICATE OF DEATH Reg. Dist. No 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO First Middle 4. DATE Day Lost Month Year DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE/In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours WIDOWED [7] DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY das IMMEDIATE CAUSE (a) DUE TO DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? selegrical retroit YES NO NO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20by DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form. 20f. (City or town) Day, Year (State) (County) factory, street, office bldg., etc.) While Not while at wark ot wark usty 10 1960 that I last saw the deceased 21. I certify that I attended the deceased fram Thurse and that death accurred at 7 37 M. from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 220. BURIAL CREMATION, 22b. DATE THEREOF

ACTUAL PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION_(City, town, or county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

1. PLACE OF DEATH

OR INSTITUTION

RURAL and give negrest lawn)

Conditions, if any, which gave rise to immediate

cause (a), stating the underlying cause last.

20c, TIME OF INJURY Month.

Hour o. m

alive on

a. COUNTY

NAME OF DECEASED

5. SEX

CERTIFICATION

(Type or print)

13. FATHER'S NAME

ADDRESS

240. REC'D BY REGISTRAR DATE JUL 1 3 '60

24b. REGISTRAR'S SIGNATURE arthur & Kines

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Market Committee of the Committee of the

	800) (CERTIFIC	CATE OF DEA	ATH		Reg. Dist.	No. 79	62
PLACE OF DEATH o. COUNTY	Frederic		MARYLAN	2. USUAL RESIDENCE o. STATE Mar	(Where deceas	ed lived. If instituti b. COUNTY		efore odmis	
(Rural)	Frederick		OTH OF STAY IN 1	c. CITY OR TOWN		orote limits, write F	URAL ond give	nearest tow	n)
d. NAME OF HOSP OR INSTITUTION Route		give street oddress)		d. STREET ADDRE		nue		ON	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	Lena	M •	Middle Crummi	Lost tt	4. DATE OF DEATI	Moi 7		Doy 10	Year 19 6
Female	6. COLOR OR RACE White	7. MARRIED 1	DIVORCED	8. DATE OF BIRTH 2-12-189	3	9. AGE (In years last birthdoy) 67 yrs.	Months Do		ER 24 HRS Min.
o. USUAL OCCUPAT during most of wo House W	rking life, even if retired)	BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Section 1	country)	12. CITIZEN	OF WHAT	COUNTRY
FATHER'S NAME	William	Lapole		14. MOTHER'S MAID		na Moore			
was DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s			Mrs.Eleano:		Add	ress	k. Md.	
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate (Gastri		l Congestiv Lnoma with Sisis			re	2 moi	n.
	HER SIGNIFICANT CON			BUT NOT RELATED TO THE T			VEN IN PART 1(PERFO	AUTOPS' DRMED?
OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m.	G CAUSE OF DEATH MEDICAL EXAMINER)	ar 20d. INJURY O		PLACE OF INJURY (Home, factory, street, office bldg	farm, 20f. (Ci		(Cour	nty)	(Stote
		deceased from	, ond that dec	, 1960, to oth occurred ot 8:0	Md. Av	1960 the couses or Street, city or town,		ate states DA July	decease d obove TE SIGNE
				OR CREMATORY	22d LOC	ATION (City, town,	or county)	(Sto	te)
o. BURIAL, CREMATI- REMOVAL (Specify Burial	7-13-1	960	Park He:	ights		mswiek.		nd	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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CEPTIFICATE OF DEATH

		CERTIFICA	IL OI DEAIII	
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE b. COUNTY	Residence before admission) Frederick
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give negrest town) Frederick		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURA Frederick-Rural-R.F.D.	
d. NAME OF HOSE	PITAL (If not in haspital, give street	address)	d. STREET ADDRESS	e. IS RESIDENCE

Frederick	MARYLAND	Maryland	B. COOK(1)	rederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor Frederick-Ru	ral-R.F.D.#4	
d. NAME OF HOSPITAL (If not in haspital, give street of RINSTITUTION Frederick Memorial Hospi		feagaville		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) An Angas &	MAY C	aller 4. DATE OF DEATH	July Month	28 1960
S. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		ER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWE	DIVORCED	October 26, 1889	Months yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done during most af working life, even if retired) Housework	At Home	STRY 11. BIRTHPLACE (Stote or foreign co	untry) 12. CI	ITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
David Thomas Stup		Hester Thomas		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war ar dates of service) 2		. Wilbur D. Culler,	Address Jr., Same as	Item #2
18. CAUSE OF DEATH [Enter only one couse per lin				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	e for (o), (b), ond) (c).	15 Te line		ONSET AND DEATH
IMMEDIATE CAUSE (o)	nges we ge	an yanning		3 mo
DUE TO	+	P. 1- 1-	. / K	
Conditions, if ony, which gove rise to immediate	yperlumos	Chrones Tas	weer Des	ear 1 yr
couse (a), stating the under-	OLT.	1		/
lying couse lost. (c)	ycemp	wine .		ANT N. 10 MAR AUTORON
PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PA	PERFORMED?
S pheles	ellus		11 () 10)	YES NO
OR CONTRIBUTING CO GAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I ar Part	II at item 18.)	
2	f	ACE OF INJURY (Home, form, 20f. (City	or town)	(County) (State)
Haur o. m. While at work	lagt wulls			
21. I certify that (I) (this hospital) attend	7 ,	July 22 1960, ta		60 that (I) (we) last
saw the deceased alive an July 2	0_1960, and that	Seath of curred at 7 AM, from	the Causes and an t	he date stated above.
220. SIGNATURE		ATTENDING MED.	STAFF PHYS.	7 276. DATE SIGNED
22c. PHYSICIAN'S	2	M.D. PHYS. DIRECTOR 22d. ADDRESS	PHYS.	128/60
NAME (Type)	w n	Frederick, Mary	rl and	
A. A. Pearre,				
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O		ION (City, town, or county	
Burial July 31,1960	St. Luke's Ce		lerick County	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Adami ok Mamrla	25a. REC'D BY REGIST		SIGNATURE
M. R. Etchison & Son, Fre	derick, marara	DATE AUG 1 '6	1 alleng 1	P Harris

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7979 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 7964

)[PLACE OF DEATH o. COUNTY	Frederick		MARYL	AND	2. USUAL RESI o. STATE	Mary		lived. If institution b. COUNTY	_	before od	
	RURAL and give n	lck		c. LENGTH OF STAY IN	N 16	c.CITY OR		outside corpora	ite limits, write R	JRAL and gi	ve nearest 1	lawn)
	OR INSTITUTION	TAL (If not in hospital, good Memorial				10 Ea		cond St	reet		0	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	Fii PHI		Middle HENR		C L		4. DATE OF DEATH	July	11	Day	Year 19 60
	Male	White	WIDOW			DATE OF BIRT	er 6,1	L883	AGE (In years last birthday) 76 yrs.		YEAR IF U	NDER 24 HRS. urs Min.
L	Retired	ON (Give kind of work king life, even if retired Police Sgt		KIND OF BUSINESS OR	INDUST		Maryla		entry)		USA	HAT COUNTRY?
L	FATHER'S NAME	William						C. Kra	intz			
15	WAS DECEASED EVE	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO. 20-09-7059		formant s. Cath	erine	Long,	Addr Thurmon		D.#2,	Md,
	The second secon	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO mmediate (DUS TO	, <i>F</i>	(o), (b), and (c).]	r y	Em	obo	105				L BETWEEN ND DEATH
CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)		CONTRIBUTING TO DEAT		(ALE HE)				EN IN PART	PE	AS AUTOPSY RFORMED?
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	RY Month, Day, Yeo	While	NJURY OCCURRED Nat while k of wark	Oe. PLA	CE OF INJURY (pry, street, office	Home, form, e bldg., etc.	20f. (City o	er town)	(Co	unty)	(State)
	actual SIGNATURE	that I attended the year. Charles S.	12	Telnam)	leath	D. Proj	4:30P	L.M. from ADDRESS (Stre	the causes a set, city or town, silding	nd on the	date st	he deceased ated above DATE SIGNED 2/60
220	BURIAL, CREMATIC REMOVAL (Specify)	July 14,		22c. NAME OF CEMET				-	ON (City, town, o	r county)		yland
23.	M. R. Et		on, F	rederick, M	ary	Land		BY REGISTRA	100	TRAR'S SIGN		

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MARYLAND STA	ATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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7980 CERTIFICATE OF DEATH

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Diet	No		J	U	5)	

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1. PLACE OF DE o. COUNTY	Frederick		MARY		USUAL RESIDENCE (W		ived. If institut! b, COUNTY	on Reside	eric	re admiss	ion)
b. CITY OR TO	OWN (If autside corporate limit I give nearest tawn) IETICK	its, write	Since-191		c. CITY OR TOWN (IF		te limits, write R	URAL and	give ne	arest town	1)
d. NAME OF OR INSTITU 15 Eas	HOSPITAL (If not in hospital, quillon, st Third Stree	jive street d t	oddress)		d. STREET ADDRESS 15 Eas	st Thir	d Street	5			FARM?
3. NAME OF DECEASED (Type or print	Fii ELI	ZABET	Middle H CATHR	INE	Lost DAVIS	4. DATE OF DEATH	Mon	_	ly	11,	Year 1960
5. SEX Female		7. MARR	D DIVORCE		TE OF BIRTH 3 May 1891	9	AGE (In years last birthday) yrs.	IF UNDE Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
Retired-	CUPATION (Give kind of work of working life, even if retired —Laborer)	KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (Stote		ntry)	12. CI	USA		COUNTRY
13. FATHER'S NA	H. Davis			14	Lydia D.		nan				
15. WAS DECEAS	SED EVER IN U. S. ARMED FOR		None	Miss	Maud E. Da	avis (Same as		#1)		
gave rise cause (o), lying cous	ns, if any, which to immediate stating the under-least.)	ONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERM	MINAL DISEASE (CONDITION GIV	'EN IN PA	RT 1(o) 1	PERFO	AUTOPSY PRMED? NO XXX
OR CONTRI	ENT WAS UNDERLYING D BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRED. (Er	nter nature of injury in	Part I ar Part t	l of item 18.)				NO LAIA
20c. TIME OF	F INJURY Manth, Day, Ye a. m. p. m.	ar 20d. IN While at work	Not while	20e. PLACE (factory,	OF INJURY (Home, farm street, affice bldg., etc	m, 20f. (City o	r town)		(County)		(State)
21. I cert alive an_ ACTUAL SIGNATURE PHYSICIAN' NAME [Type	S W F Vline	., 19 (ond that	death acc	7 N. Mark	_M, from ADDRESS (Sire	the causes of the cause of the causes of the cause of	and an I	the da	te state	ed above
220. BURIAL, CRI	EMATION, Specify) 22b. DATE THEREC)F	Mount Oli				on (City, town, orick, Me			(State	e)
	RECTOR'S SIGNATURE Etchison & Son	, Fre	derick, Ma	ryland	24o. REC	D BY REGISTRA	24b. REGI	STRAR'S SI			

VS A15 (4) 15M 9/55

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	Paret County	Carrier ()		73748

8008 CERTIFICATE OF DEATH with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Frederick, Maryland a. COUNTY filed a. STATE Maryland b. COUNTY MARYLAND eral within 24 haurs after death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 Pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunchele nebest telepts. Md. 132 days Frederick shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Vindobona, Inc. (East Main St.) Thurmont NAME OF First Middle Etta 4. DATE Julia. DECEASED Davis OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years less birthday) Female White Jan. DIVORCED T WIDOWED [YES. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)
HOUSEWITE Maryland Own Home pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julia Carbaugh Cornelius West physici remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. by phinown) Mr. Thornton A. Davis Thurmont, Md. attending ease 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 0 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO p Conditions, if any, which gned gove rise to immediate per DUE TO cotse (o), stating the underlying cause lost. burial-transit PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 1B.) icate 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) g. m. Not while of work of work 19_60 that I last saw the deceased 21. I certify that I attended the deceased from May 21. , and that death occurred at 10.15AM, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL P Lawrence Fahrney PHYSICIAN'S NAME (Type) FUNE 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page may REMOVAL (Specify) urial Ridge Cemetery 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEJUL 2 2 '60 VS A15 (4) 15M 9/S5 Circhy S. Kraus Thurmont

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07966

e. IS RESIDENCE

ON A FARME

YES NO

Yeg 0

Min.

Thurmont (Fred.

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(Stote)

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

Maryland

Rea. Dist. No

Months

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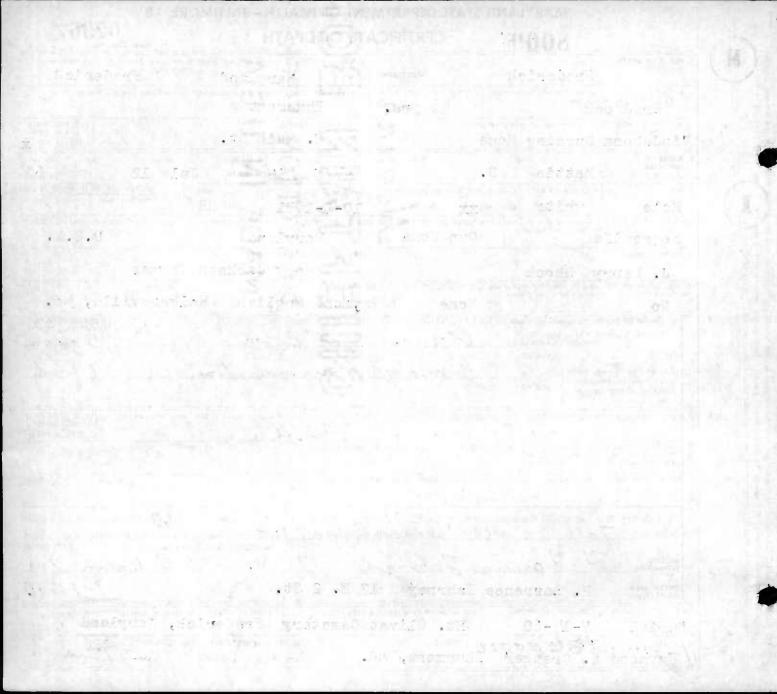
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8009 CERTIFICATE OF DEATH

07367

	011011				Reg. Dist. 14	0.
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Mary	L COUNTY		
b. CITY OR TOWN (RURAL and give no Bradd	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	Thurmon		URAL and give n	earest town)
d. NAME OF HOSPIT OR INSTITUTION Vindabona	TAL (If not in hospital, give stree a Nursing Hom		d. STREET ADDRESS E. Main	St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mattie S	Middle	ENGLISH 4.	DATE Mon OF DEATH July		19 60
5. SEX Male	6. COLOR OR RACE 7. MAR White WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 10-5-1871	9. AGE (In years last birthday) 88 yrs.	Manths Days	AR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of wor HOUSOW11	ON (Give kind af wark dane 10b king life, even if retired)	Own Home	STRY 11. BIRTHPLACE (State or for Maryland	oreign country)		J.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM			
J. Henr				ackson Tho		
	R IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)		Raymond Engli:	sh Walke	ress rsville	e, Md.
		PAT	a of loto	nation	Of	L wuh
couse (a), stating lying couse last.	the under- (c) (c)		r NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	/EN tN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	I or Part II of item 18.)		
20c. TIME OF INJUR Hour a.m. p. m.	While		ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County	y) (Stote)
21. I certify the alive an	The Lawrence	GO, and that death	1 - 1		nd an the dat stote)	
220. BURIAL, CREMATIC REMOVAL (Specify) BUT 18 1 23. LINERAL DIRECTOR	7-14-60	ADDRESS	t Cemetery F		Maryla	URE
Raymond	E. Creager	Thurmont, M	d. DATE .11	IL 15'60	Cithing S.	Times



VS A15 (4) 15M 9/58

ARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
8001	CERTIFICATE OF DEATH	D

M

 $\underset{\text{Reg. Dist. No.}}{07968}$

1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived.	If institutions	Residence before Freder	
b. CITY OR TOWN RURAL and give Brunsy	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate lir	nits, write RUR	RAL and give ned	arest tawn)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street 26 East 11	address)	d. STREET ADDRESS	26 Eas	t "D"		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Flmer First	Middle Leo	Forrest	4. DATE OF DEATH	Month 7	33	Year 60
s. sex	6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH 12-25-18	99 9. AG	birthdoy)	Months Days	Hours Min.
10a. USUAL OCCUPAT during most of wo Conduct 13. FATHER'S NAME		8.&.O.R.R.Co	STRY 11. 8IRTHPLACE (Ste Maryl 14. MOTHER'S MAIDEN	and		U.S.A	WHAT COUNTRY?
1S. WAS DECEASED EV (Yes, no. or unknown)	George F (ER IN U. S. ARMED FORCES?) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	nformant rs.Rachael		Addres Bruns	s	Md.
Conditions, if gave rise to cause (o), stoting lying cause lost	immediate DUE TO	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN	N IN PART I(o) 1	9. WAS AUTOPSY PERFORMED? YES NO 19
OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU Hour o. m. p. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER) IRY Manth, Day, Year 20d. II	k ot work ded fram.	O. (Enter nature of injury ACE OF INJURY (Home, foctory, street, office bldg., 1955), to	arm, 20f. (City or tax	vn)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	C.E.Pruitt	Mur	M.D. Bru	Aporess (Sire), c	ith or town, sto		B-/-
220. BURIAL, CREMATI	8-2-1960	22c. NAME OF CEMETERY O			ville	, Maryl	
23. FUNERAL DIRECTO		swick, Maryla	nd .	UG 2 '60		RAR'S SIGNATUI	RE

No concern the house of the same and the same of the s and property of the section of the s - Tarting - Tarting J. O. TILD I WAS COLD All a second of the second of DE PROPERTY OF THE PROPERTY OF Expressed Life and a The second second in the property of the prope

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, withing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 show the forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred for your files.

10 FUN 41 DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 12 Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO FUN

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07969 8010 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Dist No

						waa.	D101. 110.	
1. PLACE OF DEATH O. COUNTY Fre	derick		MARYLAND	O. STATE	E (Where deceased live	d. If institution: Re b. COUNTY Fred	sidence before admis	sion)
b. CITY OR TOWN (and give reacrest fow Walkers		RURAL	c. LENGTH OF STAY IN 16		(If outside corporate rick, R.F.	limits, write RURAL	ond give nearest tow	n)
d. NAME OF HOSPI	TAL OR INSTITUTION (H	not in hosp	ital, give street address)	d. STREET ADDRES			e. IS RESI ON A YES [
3. NAME OF DECEASED (Type or print)	Fin Lero		Middle	Fowler	4. DATE OF DEATH JU	Month Ly 4		60
Male	White	WIDOWED		September	3.1913 4	6 yrs. Months	DER TYEAP IF UNDE	R 24 HRS Min.
	ON (Give kind of work of ng life, even if retired) tter	ane 10b. KI	NO OF BUSINESS OR INDUSTRICE		tate or foreign country) and	12. (J.S.A.	OUNTRY
13. FATHER'S NAME	0 Ja	.0.	,	14. MOTHER'S MAIDE	()		·	
15 WAS DECEASED EN	VER IN U. S. ARMED FOR	CESS IV.	OCIAL SECURITY NO. 17. I	HEXEUXEL INFORMANT	EWKER,	isce I	uggin	
[You no, or unknown]	Ilf yes, give war or dotes at s army S. W. H		1 7 4	elen Fowl	er,Freder	ick, R.F.	D.I.	
Conditions, if agove rise to imme (a), stating the cause lost.	diate cause		ute Congest: ero Sclerot:				Year	h
-			NTRIBUTING TO DEATH BUT I				PERSOR	
PRIMARY OF CO	NIRIBUTING L	. DESCRIBE	HOW HAJORY OCCURRED. (I	criter nature of injury in	Port I or Port II of Item	18.)		
Y 20c. TIME OF INJU Hour a. m. p. m.	IRY Month, Doy, Yes	While	Not while k of work	CE OF INJURY (Home, lory, street, office bldg.,	farm, 20f. (City or tow	rn) (1	County)	(Stote)
		loturol c	emains described obc	, Suicide,		tion 🔀 , Inqu Undetermined		in my
EXAMINER'S NAME (Type)	B.O.Thom	as,M.	D.		CAL EXAMINER	July 5, I	960	
220. BURIAL, CREMATIC REMOVAL (Specify Burial) 23. FUNERAL DIRECTO	17/7/6	0	CLASIC C	quetery		Letter 1246. REGISTRAR'S	(Stote)	nd.
4.C. Ba	rten	10/25	Ekersville	M. DATE	101 8 '60		S. Krank	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALDMONE, 18 HULL WEDICAL EXAMINER'S CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07970

rs after death. Page 4 by the funeral director, LOR ATTENDING PHYSICIAN: The law reguires that the death certificate be executed within a dined by the haspital ar attending physician.

Director: After this certificate has been signed by the attending physician and campletely filled. Pages Board of Health prior to burial, cremation, or remayal, and in any event within 72 haurs after death Then please remave carban papers. ould be detached for use as the burial-transit permit.

page 3 TO HO: VR A1S (4) 1SM 9/59

1. PLACE OF DEATH o. COUNTY Frederick		USUAL RESIDENCE (When state Maryla:	re deceased lived. If instit b. COUN		efare admission) erick
RURAL and give nearest town)	th of stay in 1b		itside corporote limits, write SVILLE	RURAL ond give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Rural Mt. Airy		d. STREET ADDRESS Rural	Mt. Airy		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) COLUMBUS	Middle GRI	MES	4. DATE OF DEATH July	lonth 2	7. 1960
5. SEX 6. COLOR OR RACE 7. MARRIED N N Male White WIDOWED	DIVORCED Ma			Months Day	FAR IF UNDER 24 HRS. ys Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Animal Caretaker N. I 13. FATHER'S NAME	. н.	11. BIRTHPLACE (Stote of Maryla. Mother's Maiden N.	na		S. A.
David G. Grimes		Kathe		inton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yes, no, or unknown) (If yes, give wor or dates of service)	5-1287 Mrs	MANT	A	ddress	as # 2
gove rise to immediate cause (a), stating the under-		ASCULAR DIS	EASE with		5 yrs.
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO	NERVE: CAUSE	UNDETERMIN		GIVEN IN PART 1(d	19. WAS AUTOPSY PERFORMED? YES NO X
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OC Hour o. m. While Not		OF INJURY (Hame, form, street, office bldg., etc.		(Cour	nty) (Stote)
21. I certify that (I) (thickinspirot) attended the saw the deceased glive an 7.26.60 19. 220. SIGNATURE withaut aux NAME (Type William H. Lawson	and that death	ATTENDING ME DIE	Mariom the causes	and an the do	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NA	ame of CEMETERY OF CR		23d. LOCATION (City, fow		(Stote) ryla h d
24. FUNERAL DIRECTOR'S SIGNATURE ADDITIONAL CO. M. Waltz, Winfield,	Maryland	25a. REC'E	C 1 100	GISTRAR'S SIGNA	

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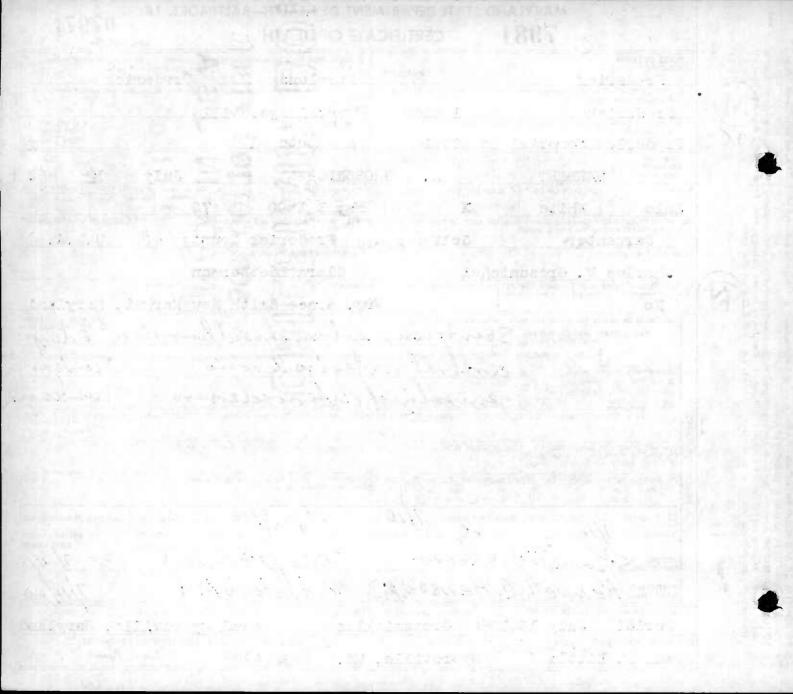
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Militar E. Lowson, Sr. M.L. - Sylmiryllis, Warrings -

England July 30, 60 Botheses Constant Parcell Co., Maryland

VS A15 (4) 15M 9/5B

RURAL and give ne Frederic d. NAME OF HOSPITO OR INSTITUTION Frederic l. NAME OF DECEASED (Type ar print) I SEX Male . USUAL OCCUPATIO during most of wark Carper FATHER'S NAME Charles WAS DECEASED EVER 1, no. or unknown) (1)	f autside carporate limits, writarest town) Ck AL (If not in hospitol, give str K Menorial First HERBERT 6. COLOR OR RACE 7. M White WIDO NN (Give kind of wark done ing life, even if retired) NO GPOSSNI	eet oddress) Hospital A A A DWED NEVER A DWED NOWED NOWE	Aiddle GR	Route Lost OSSNICKEL B. DATE OF BIRTH May 3 1890	#1 DATE OF DEATH	b. COUNTY Fred limits, write R	lerick URAL and give	e. IS REON YES Day	SIDENCE A FARM NO Year
RURAL and give ne Frederic d. NAME OF HOSPITO OR INSTITUTION Frederic l. NAME OF DECEASED (Type ar print) I SEX Male . USUAL OCCUPATIO during most of wark Carper FATHER'S NAME Charles WAS DECEASED EVER 1, no. or unknown) (1)	ck AL (If not in hospitol, give str K Menorial First HERBERT 6. COLOR OR RACE 7. M White WIDO N (Give kind of work done ing life, even if retired) nter W. Grossni	Hospital A A A A A COWED M DIV	Aiddle GR	c. CITY OR TOWN (IF of Runal My) d. STREET ADDRESS Route Lost OSSNICKEL B. DATE OF BIRTH May 3 1890	#1 4. DATE OF DEATH 9.	Mon Ju AGE (In yeors lost birthday)	URAL and give	e. IS REON YES DOW	SIDENC A FARM NO Year
d. NAME OF HOSPIT, OR INSTITUTION Frederic Frederic (Type or print) SEX Male USUAL OCCUPATIO during most of work Carper FATHER'S NAME Charles WAS DECEASED EVER s, no. or unknown) No	AL (If not in hospital, give structure of the control of the contr	HOSPITAL A A A A A A DWED DIV ONE ONE ONE ONE ONE ONE ONE ON	Aiddle GR AARRIED	Route Lost OSSNICKEL B. DATE OF BIRTH May 3 1890	4. DATE OF DEATH	Man Ju] AGE (In yeors last birthday)	IF UNDER 1 Y	Daw LES EAR IF UND	Year
OR INSTITUTION Frederic NAME OF DECEASED (Type or print) SEX Male . USUAL OCCUPATIO during most of work Carpet FATHER'S NAME Charles WAS DECEASED EVER s, no, or unknown) NO	First HERBERT 6. COLOR OR RACE 7. M White WIDO N (Give kind of work done) ing life, even if retired) nter W. Grossni	HOSPITAL A A A A A A DIVIDIO KIND OF BUSIN	GR	Route Lost OSSNICKEL B. DATE OF BIRTH May 3 1890	OF DEATH	Ju] AGE (In years last birthday)	IF UNDER 1 Y	Daw LES EAR IF UND	Year
Frederic NAME OF DECEASED (Type or print) SEX Male . USUAL OCCUPATIO during most of work Carper FATHER'S NAME Charles WAS DECEASED EVER a, no. or unknown) No	First HERBERT 6. COLOR OR RACE 7. M White WIDO N (Give kind of work done ing life, even if retired) nter W. Grossni	AARRIED NEVER A	GR	Lost OSSNICKEL B. DATE OF BIRTH May 3 1890	OF DEATH	Ju] AGE (In years last birthday)	IF UNDER 1 Y	Pay Day EAR IF UND	Year 196
Male Usual occupation during most of wark Carper FATHER'S NAME Charles WAS DECEASED EVER I, no. or unknown) No	HERBERT 6. COLOR OR RACE White Wide ON (Give kind of work done ing life, even if retired) The color of work done ing life, even if retired W. Grossni	AARRIED NEVER ADVED DIV	GR	OSSNICKEL B. DATE OF BIRTH May 3 1890	OF DEATH	Ju] AGE (In years last birthday)	IF UNDER 1 Y	EAR IF UND	196
Male . USUAL OCCUPATION during most of work Carper FATHER'S NAME Charles WAS DECEASED EVER 1, no, or unknown) NO	White WIDG N (Give kind of work done) ing life, even if retired) nter W. Grossni	OWED MEVER A	AARRIED	May 3 1890		AGE (In years last birthday)	IF UNDER 1 YE		-
USUAL OCCUPATION during most of work Carper FATHER'S NAME Charles WAS DECEASED EVER 1, no, or unknown) (White WIDG N (Give kind of work done) ing life, even if retired) nter W. Grossni	OWED M DIV	ORCED 🗍	No.			Months Day	us House	JEK 24
USUAL OCCUPATION during most of work Carper FATHER'S NAME Charles WAS DECEASED EVER 1, no, or unknown) (N (Give kind of work done ing life, even if retired) N Grossni	10b. KIND OF BUSIN		No.	1		Du Du	73 Hours	Mi
Carper FATHER'S NAME Charles WAS DECEASED EVER 5, no, or unknown) No	nter W. Grossni		L33 OK 11400.		ar foreign cour		12 CITIZEN	OF WHAT	COUN
Charles WAS DECEASED EVER 5, no, or unknown) NO	W. Grossni	Seli		/		. 11	3		
Charles WAS DECEASED EVER s, no, or unknown) No			emplay.		ck Cou	nty,///		U.S.A	7.
WAS DECEASED EVER s, no, or unknown) (I		10		14. MOTHER'S MAIDEN N	AME	400			
NO (IN H S ARMED FORCES?	chel		Clara Le	athern	an			
No	If yes, give war or dates of service)	16. SOCIAL SECURIT	Y NO.	NFORMANT		Addi	ress		
IR CAUSE OF DEA	ir yes, give war or adies or service)		M	rs. Grace Si	nith N	ew Mar	cket.	Marvl	an
	TH [Enter anly ane cause pe	r line for (a) 0/h)			1			INTERVAL B	
Canditions, if an gave rise to in cause (o), stating t	n mediate	erebra	l ar	Leviscle	rosi	•		inte	en
lying couse lost.	(c) 9	eneral	nes	arteros	elen	sio		any	ch
PART II. OTH	ER SIGNIFICANT CONDITION	ns <u>contributing 1</u>	O DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART 1(c	PERF	AUTO ORMED NO
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] 20b. I CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJU	JRY OCCURRE	D. (Enter noture of injury in P	art 1 ar Part 11	af item 1B.)			
20c. TIME OF INJURY Haur o. m. p. m.	WI	d, INJURY OCCURRE hile Nat while work at wark	D 20e. PL	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.	20f. (City or	tawn)	(Caur	nty)	(S
21. I certify the	at, I attended the dece	eased fram	7/10	. 1960, ta	7/16	1960	that I last :	saw the	decer
alive an 7	1,,		that death	accurred at 4:50f					
34	1	A /	mar deam			t, city or tawer			TE SIC
ACTUAL SIGNATURE	enneth C.	Dense	~	M.D. Middle	Hown	mel		7	18
PHYSICIAN'S NAME (Type)	enneth C.	Hense	NMI	Middler	LOWN, 1	Nd		7/1	8/6
BURIAL, CREMATION				R CREMATORY	_	N (City, tawn, o		(Sto	
		960 Gro	ssnic	KLes	Kural	Myersv	ville,	Mary	71a
FUNERAL DIRECTOR	SIGNATURED Rick	ADDRESS		24a. REC'I	BY REGISTRA		STRAR'S SIGNA		



VR A15 (4) 15M 9/59 07972

1. PLACE OF DEA	Frederick		M	ARYLAND	g. STATE _			lived. If institution b. COUNTY			
b. CITY OR TOV	Court of town (if outside corporate limits, write RURAL and give nearest town)										
OP INSTITUT	ION		ddress)		CEITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Frederick d. STREET ADDRESS 271 W. Patrick Street 271 W. Patrick Street PATRIC STRESS (ON A FARK) 271 W. Patrick Street PATRIC STRESS (ON A FARK) PEARLY PEARL						
3. NAME OF DECEASED (Type ar print)		rst	-	ddle	Hall	st	OF				
5. SEX Female	100							last birthday)			
Homems 13. FATHER'S NAM	f warking life, even if retired Ler E	1)		S OR INDU	New 14. MOTHER'S	Jers	BY				
	DEVER IN U. S. ARMED FOR		OCIAL SECURITY	NO. 17. II	No. of Street,		. 5004		ress		
Canditions gave rise cause (a), st lying cause	if any, which to immediate oring the under-	y with	terry Cong	DEATH BUT	NOT RELATED TO	Lune O THE TERM	INAL DISEASI	E CONDITION GIV	Z VEN IN PART	3 T 1(a) 19.	WAS AUTOPSY PERFORMED?
20c. TIME OF	a. m.	par 20d, IN While	JURY OCCURRED Not while	20e. PL	ACE OF INJURY	(Hame, farm	n, 20f. (City		(C	(aunty)	(State
saw the de 22a. SIGNATE 22c. PHYSICIA NAME (T	ceeased alive an Austin Pea	dy /2	- 1960, c	and that o	M.D. ATTENDIN PHYS. 22d. ADDR	IG M M	Chur	the causes are	7-	13-1	22b. DATE SIGNED 960
23a. BURIAL, CREA REMOVAL (SE BURIAL) 24. FUNERAL DIRE	pecify)		Lawnvie ADDRESS	w Ceme	tery		Phil	adelphia RAR 255. REGI	Penn STRAR'S SIG	SNATURE	rania

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07973

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY FREDERICH	MARYLAND	o. STATE MARULAND b. COUNTY FREDERICK
CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
FREDERICK	Years	II FREDERICK
d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
FREDERICK MEI	MORIAL HUSPITAL	
3. NAME OF First	Middle	Last 4. DATE Manth Day Year
(Type ar print)	KELLER	KESSLIFA DEATH YULL 39 1960
S. SEX 6. COLOR OR RACE 7. MARE		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HI
FEMALE WILLTE WIDOW		MARCH 22, 1894 (a (a yrs. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTR
during most of working life, even if retired)	At Home	MAPILLALIA II.CA.
13. FATHER'S NAME	220 22420	14. MOTHER'S MAIDEN NAME
2.6	T CAULS	Mary CAPTIETE
	SOCIAL SECURITY NO. 17. IF	Mary CARTEE
(Yes, no. or unknown) (If yes, give wor or dates of service)		
No	·	• George Kessler-Same as Item #2
1B. CAUSE OF DEATH [Enter only one cause per li	A ('	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	HOAMS- STOKE	23 ATTICK; CARDIAC HSYSTOLB 2-WEL
Canditians, if any, which gave rise ta immediate cause (a), stating the <u>under-lying</u> cause last. (b)	ARTERIOSCE	ROTIC HEART DISEASE 10 YEAR
≥	//	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO!
_		D. (Enter nature of injury in Part I or Part II of item 18.)
Haur a.m. While		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) 20f. (City ar tawn) (Caunty) (Sta
21. I certify that (1) (this haspital) attend	lad the decorred from	July 1060 to July 29 , 1960, that (1) (we) lo
		death accurred at 4:00%, from the causes and an the date stated above
220. SIGNATURE	1900. , and that a	death accurred die Lum, from the causes and an the date stated above
16.1.00	2.0	ATTENDING MED STAFF SIGN
22c. PHYSICIAN'S NAME (Type) Richard C. Re:	,	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS East Church St., Frederick, Maryland
interior de lie,	January January	2000 -1100 010 000 1 2 0001 2001
230. BURIAL, CREMATION, 23b. DATE THEREOF Aug. 1,1960	23c. NAME OF CEMETERY C	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
M. R. Etchison & Son, Free	derick, Maryla	nd DATE AUG 4 '60 arthur S. Huma
		DAIL

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T. S. Stationer & Jon, Freederick, Marriago

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7984 CERTIFICATE OF DEATH

()7974 Reg. Dist. No.

								0	
1. PLACE OF DEATH o. COUNTY	Fredenic	k	MARYL	o. STATE	sidence (Whe	re deceased lived	. If institution: F	Residence before Beloric	e odmission)
RURAL ond give no	If outside corporate lire earest town) ederick	nits, write	5 yrs.	N 1b c. CITY OF		tside corporote li	mits, write RURA	L ond give nea	rest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, 214 E. Pa	give street o	k St.,	d. STREET		atrick	-		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	HARI		Middle	KLEIN	ast	4. DATE OF DEATH	JULY	22,	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED			9. AC		INDER 1 YEAR	Hours Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retire		_	INDUSTRY 11. BIRTH		r foreign country		12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME	Da v id :	E. Kl		14. MOTHER	'S MAIDEN NA		n		
5. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FO (If yes, give war or dates of	service)	5-32-7295	Mrs. M	argare	t Klei	Address n. Se	ame	1.27
Conditions, if o gove rise to i couse (o), stating lying couse lost.	the <u>under-</u>	o Can	onary o	eclisio	n			7	weeks
ZO PART II. OTH	HER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO DEA	TH BUT NOT RELATED T	TO THE TERMIN	IAL DISEASE CON	IDITION GIVEN I	N PART 1(0) 19	P. WAS AUTOPSY PERFORMED? YES NO
-	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	41	RIBE HOW INJURY OC	CURRED. (Enter noture	of injury in Po	ort I or Port II af	item 1B.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Y	While	IJURY OCCURRED Not while of work	20e. PLACE OF INJURY foctory, street, offi	(Home, form, ice bldg., etc.)	20f. (City or to	wn)	(County)	(Stote
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S	at I attended the	JU	on and that	death accurred a		11	auses and a	in the date	the deceased stated above DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THERE	OF	OMAS 22c. NAME OF CEMET LOCUST		treder	22d. LOCATION	City, town, or co		(Stote)
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS eld, Md.	41010		BY REGISTRAR 2 6 '60	24b. REGISTRA		

BS 2 CERTIFICATE OF DEATH

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8012

CERTIFICATE OF DEATH

Reg. Dist. No. 17975

1. PLACE OF DEATH o. COUNTY Fr	rederick		MARYLAND	2. USUAL RESIDENCE (Vo. STATE	where deceose aryland	- L COUNTY		before o		
Point of	Rocks		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Point of Rocks						
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in hospital, q	give street	address)	d. STREET ADDRESS					S RESIDENCE ON A FARM? ES NO	
3. NAME OF DECEASED (Type or print)	Fi HAF		Middle JACOB	Lost LAMBERT	4. DATE OF DEATH	July		Day 27,	Year 19 60	
5. SEX Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH March 6, 18	9h	9. AGE (In years lost birthdoy) yrs.			UNDER 24 HRS ours Min.	
during most of wo	rking life, even if retired	done 10b.	B. & O. R.R.	ISTRY 11. BIRTHPLACE (SIG	ole or foreign o	country)	12. CITI	ZEN OF V	VHAT COUNTR	
13. FATHER'S NAME	Harry Lan	nhewt.		14. MOTHER'S MAIDEN		utcheon				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	1 J 1100	Add	ress			
(Yes, no. or unknown) No	(If yes, give war or dates of	7	05-07-7660 Mr	s. Mary V. L	ambert	, Same as	Item	#2		
Conditions, if gove rise to couse (o), stoting lying couse lost PART II. O'	immediate DUE TO DUE TO THER SIGNIFICANT CON	Con Do HDITIONS	erebral Thro	rt Failure			/EN IN PART	1(0) 19. y	year year vas autopsy erformed? s \cap no	
	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURR							
20c. TIME OF INJU	10	White at war	_ Not while _ fo	LACE OF INJURY (Home, for octory, street, office bldg., o	efc.)	y or town)	(Cc	ounty)	(Slote)	
21. I certify to alive on JU ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the 11 y 27 C.T. Byron	196	and that death	, 19 <u>60</u> , to the accurred at 10:1 M.D. Brunswice	ADDRESS (S	itreet, city or town,	and an th	e date :	the decease stated abov DATE SIGNI 29/1960	
220. BURIAL, CREMATI REMOVAL (Specif	July 30,		St. Paul'S		22d. LOCA Poi	nt of Roc	or county)	aryla	(Stote) nd	
23. FUNERAL DIRECTO M. R. Etc		n, Fr	ederick, Maryl		EC'D BY REGIS		STRAR'S SIGI			

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VS A15 (4) 15M 9/55

MARYLAND	STATE DEP	ARTMENT C	OF HEALTH-	BALTIMORE, 18	

() 13 CERTIFICATE OF DEATH

07976

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	derick		MARYLAN	- 11	USUAL RESIDER	nce (Wh	nere deceased	lived. If instituti b. COUNTY	Tal.	ce before o	dmission)
B. CITY OR TOWN (If autside corporate limits ForeSPRINGS	, write c.	5 Wrs.	1Ь	c. CITY OR TO	WN(/if o	Jell	ote Ilmits, write R	URAL ond	give nearest	t tawn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, giv YELLOW SPF		ress)		d. STREET ADD	ress	e.R	7	(S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	ALICE First		Middle MORIN		LEONAF	20	4. DATE OF DEATH	July		Day 20	Year 1960
5. SEX Female	6. COLOR OR RACE White	7. MARRIED			arch 4-1	1867	9	93 yrs.	IF UNDER Months		UNDER 24 HRS. aurs Min.
10a. USUAL OCCUPATION during most of wor PHOTOGRA 13. FATHER'S NAME	ON (Give kind of work do king life, even if retired) PHER		OURNALISTI	3		IL (County		12. CIT	U.S.	A.
GEOR	GE JOHN M	ORIN			JENN]	_	CALDWEL	T			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORC (If yes, give wor or dates of ser	ES? 16. SO(CIAL SECURITY NO.	IA	RMANT URENCE	E LON.	ARD	FREDE		R.F.D	. 7
Conditions, if a gave rise to it couse (a), stoling lying cause last.	mmediate (DUE TO	art	val hemo teriorder	BUT NO				CONDITION GIV		3 20 T 1(0) 19. Y	WAS AUTOPSY PERFORMED?
(IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m.	MEDICAL EXAMINER)		Nat while	e. PLACE	OF INJURY (Ha	me, farm	n, 20f. (City o		(6	County)	(Stote)
	AMES F	deceased 19 60	fram19	uly		. ,	A.M. from	The causes of the course of the causes of the causes of the causes of the cause of	and an t		
220. BURIAL CREMATIC REMOVAL (Specify Burial	July 223	1960	2c. NAME OF CEMETER EVERGREEN	9,1	Y.			ON (City, town, TMOMAS	or county)		(State)
23. FUNERAL DIRECTOR	's SIGNATURE	W	ADDRESS WALKERSVII				D BY REGISTR		STRAR'S SIG		

FOR ST HEALTH I , , , , , , Tal - IDay

ertificate should be executed within 24 hours after death. If any c executed within 24 hours after death. If any c irector. Page Aedical Examiner's Office clang with farm PM3. Page 5 may be record or your files. It be used as a burial-transt permit. File pages 1 and 2 with the second of Health, wial, cremotion, ar removal, and it any event within 72 hours after death.

MEDICAL &

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VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7985 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07977

o. COUN		ederick			MARYLAND	2. USUAL RES	DENCE (W			untilution: Re			
	ederi	ek	e RURAL	c. LENGTH	OF STAY IN 16			outside corp	porote limits, v	vrite RURAL	ond give	nearest for	wn)
		Memoria				d. STREET A	Rura	al)E	JX.	-3	ON	A FARM?
NAME O DECEASE (Type or	D	Charles			Middle ewick	Lewis		4. DATE OF DEATH	July	3I	Day		960
Mal	е	6. COLOR OR RACE Wkite	WIDOWE	ED 🗍 DI	VORCED [Decembe	er 25	,191		IF UNI Month	DER TYEAR	IF UND Hours	ER 24 HRS Min.
during my	occupation bheting	(Give kind of work life, wen if retired)	done 10b.	KIND OF BUSI	NESS OR INDUST	Wash:					S.A		COUNTRY
13. FATHER	arry	Lewis				Melar Melar			S				9
15. WAS DE	CEASED EVER	IN U. S. ARMED FO	annuised 1		2-1952		th Le	ewis,	Damas		[d		
	ART I. DEATH	MAS CAUSED BY: MMEDIATE CAUSE (0)									ONS	ET AND DEA	
gove ri	ions, if any se to immediating the unlost.	ole cause		ONARY	THROMBI:	S, ACUT	E				1,	hour	
gove ri (o), sto	se to immediating the unlost.	which ole cause olderlying DUE TO (c) R SIGNIFICANT CON) IDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT N	OT RELATED TO	THE TERMII			GIVEN IN I] PART 1(0)	9. WAS /	
gave ri (o), sto cause NO PRIMAR CAUSE	se to immediating the united that the united t	which ole cause of derlying Due To (c) R SIGNIFICANT CON E WAS RIBUTING 20) Dittions C Db. Descrie	ONTRIBUTING BE HOW INJUR INJURY OCCU	TO DEATH BUT N RY OCCURRED. (E JRRED 20e. PLA focto	OT RELATED TO	THE TERMII	f or Port II	of item 18.)		ART I(o)	9. WAS / PERFO	AUTOPSY RMED?
ROLL STATE OF THE	se to immediating the uniost. PART II, OTHE SERNAL CAUS Y Or CONIO OF DEATH. AE OF INJURY DOI OF M. P. m. Certify the On death relatives L TURE NER'S	which ole cause of ca	DESCRIBE 20d. White af the Natural	ONTRIBUTING BE HOW INJURY INJURY OCCU Not work of wor remains de causes [3],	TO DEATH BUT N RY OCCURRED. (E URRED 20e. PLAG focker fock control of the contro	nter noture of inj CE OF INJURY (H bry, street, office ve, held an , Suicide M.D. CHIEF MI ASSISTAN	THE TERMII ome, form, bldg., etc.) Autapsy EDICAL EX/	20f. (City 20f. (City Aminer	of item 18.} or town) aspectian [☑, Inq etermine	County) uiry 🔀	9. WAS PERFO PERFO YES DS	AUTOPSY RMED? NO [] (Stote)

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VS. A15ME 5M 2/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07979

	8010				Reg. Dist. No.
	PLACE OF DEATH o. COUNTY Frederick	MARYLAND	o. STATE Mary	Nhere deceased lived. If institution land b. COUNTY	
1.	b. CITY OR TOWN (If outside corporate limits, write RUR/ and give neares) town) Route 40-Nr. Freder		Route #	outside corporate limits, write R	URAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, give street address)	8. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
-	NAME OF First DECEASED (Type or print) George	William	Martin	4. DATE Month OF TOEATH	Doy Year 10 1960
	M-7- 1 1871-4-1-	MARRIED NEVER MARRIED B. DOWED DIVORCED	Jan. 7th.	lost birthday)	FUNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	n. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTR Public School	Marylan		12. CITIZEN OF WHAT COUNTRY?
_	FATHER'S NAME William C. Stonebur	ner	14. MOTHER'S MAIDEN I	Nellie Woo	od
	WAS DECEASED EVER IN U. S. ARMED FORCES's, no, of unknown) (If yes, give war or dates of service))	formant nil dr en's	Address Aid Society,	Frederick, Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse tast. (c)	Fractured Skul	11		INTERVAL BETWEEN ONSET AND DEATH Minutes
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIC				N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		scribe how injury occurred. (Ending bicycle ea	ast on R.	\$0- struck by	automobile
MEDICAL	20c. TIME OF INJURY Month, Day, Year 11.15p. m. 7 10, 60		E OF INJURY (Home, farm ry, street, office bldg., etc		(Stote) (Stote) ASPrederick, Md
7	21. I certify that I took charge of opinion death resulted from: Natural			y [], Inspection [],	Inquiry 🔀, and in my
	ACTUAL BOTHE	mas	_M.D. CHIEF MEDICAL EX	_	DATE SIGNED
	EXAMINER'S B. O. Thoma	s, M. D.	DEPUTY MEDICAL		7/11/196
220	BURIAL CREMATION, 22b. DATE THEREOF 7-13-60	Mount Olivet		22d. LOCATION (City, town, or Frederick, Mar	
23.	M. R. Etchison & Son,	Frederick, Maryla		E211 4 4 200	RAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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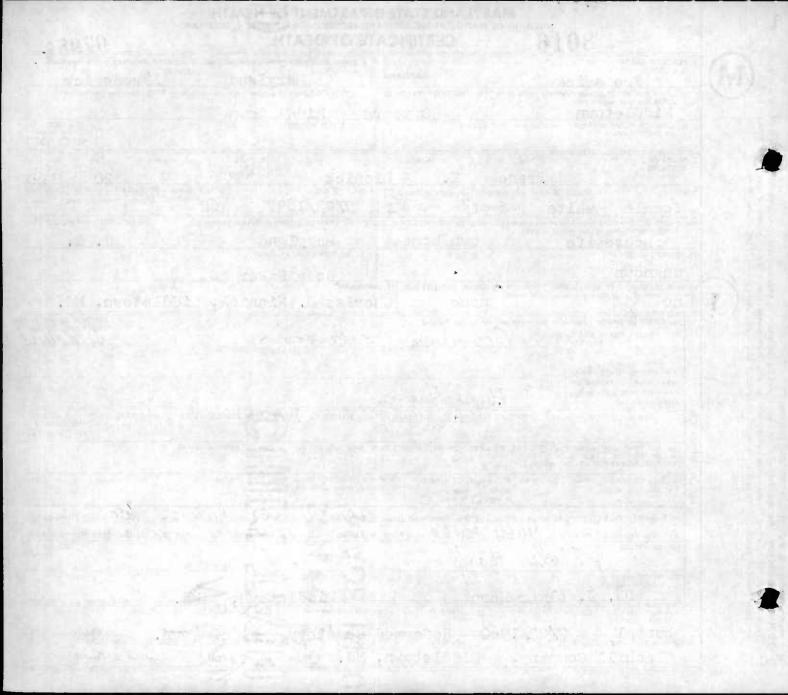
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MARYLAND STATE DEPARTMENT OF HEALTH

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1.	PLACE OF DEATH			AA A P	YLAND	2. USUAL RESIDENCE o. STATE		b. COUNTY	-		
		erick					ryland		Frede	-	
	RURAL ond give ne Middlet	· · · · · · · · · · · · · · · · · · ·	s, write	E. LENGTH OF STA	vear	c. CITY OR TOWN	letown		URAL ond give	nearest	town)
		AL (If not in hospitol, g	ive street oc		ycai	d. STREET ADDRES		400		C	RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)	Fir Ir	ene	Middl		nnick	4. DATE OF DEATH	Mon 7	th	Day 20	Yeor 19 60
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARE	RIED 🔲	8. DATE OF BIRTH		9. AGE (In years last birthdoy)			NDER 24 HRS.
	female	white	WIDOWED	DIVORC	ED 🔲	9/23/18	97	62 yrs.	Months Da	ys Ho	urs Min.
100	. USUAL OCCUPATIO during most of work	ing life, even if retired	lone 10b. K	own hom		STRY 11. BIRTHPLACE (S		country)		J. S	AT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAID					
	unknown			-2		Poss	Baker				
15.		R IN U. S. ARMED FOR	CES? 16. SC	OCIAL SECURITY N	O. 17. IN	IFORMANT	paker.	Add	ress		
N.	no, or unknown)	If yes, give war ar dates of s	rvice)	one		arles S.	Minnie	k. Midd	letowr	1. M	d.
CERTIFICATION	Conditions, if or gove rise to in couse (o), stoting t lying couse lost. Part II. OTH	nmediote DUE TO the under (c	Hy DITIONS CO	perteus	LION BUT	NOT RELATED TO THE TO	ERMINAL DISEA			o) 19. W	VAS AUTOPSY REFORMED?
	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	TOD. DESCR	ide HOW INJOKT	OCCORRE	D. (Ellier holore of injury	7 111 7 011 7 01 7 0	ar ii or nom roly			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	f Month, Doy, Yes	While of work	URY OCCURRED Not while of work	20e. PL	ACE OF INJURY (Home, ctory, street, office bldg.	farm, 20f. (Cit , etc.)	ty or town)	(Cou	nty)	(Stote)
	21. I certify that saw the decease 220. SIGNATURE	t (I) (this haspital	attende	d the deceased 2/1960, and	d fram d that c	april legih accurred at/	19 60 to 23 W. Fram	July 20 the causes an	1960 and an the d	, that (late sto	(I) (we) last ated abave. 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) (J. Elme	Har	n		M.D. PHYS. 22d. ADDRESS	DIRECTOR L	PHÝS. □			
230	BURIAL, CREMATION REMOVAL (Specify)			23c. NAME OF CE		R CREMATORY	23d. LOC/	ATION (City, town,	or county)		(Stote)
24	FUNERAL DIRECTOR:	S SIGNATURE	1960	ADDRESS	rmed	Cemetery	REC'D BY REGIS	di etova	STRAR'S SIGN	ATURE	
	Gladhil		7,	Middlet	own,			200,	Irihur S.		



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	- 1/	4				
1. PLACE OF DEATH			2. USUAL RESIDE	ENCE (Where deceased li		esidence before admission)
FRED	ERICK	MARYLAND	M. SIAIL M	ARYLAND	b. COUNTY	REDERICK
b. CITY OR TOWN (If o RURAL and give near	utside corporote limits, wri est town)	te c. LENGTH OF STAY IN 1b	c. CITY OR TO	DWN (If outside corporat	e limits, write RURAL	ond give nearest town)
FREDE	RICK	3 DAYS	BRY	NSWICK		
d. NAME OF HOSPITAL	(If not in hospital, give str		d. STREET AD	TH .		e. IS RESIDENCE ON A FARM?
1-175	derick wei	MORIAL HOSPITAL	201-	9- AUEN	uE	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print)	FORRE			R DEATH	July	19 60 NDER 1 YEAR IF UNDER 24 HRS
S. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH	, , , , , , , , ,	lost birthdoy) Mo	nths Doys Hours Min.
MALE	WALL	OWED DIVORCED DIVORDIVORDE DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIV	JANUAR	Ct (State or foreign coun	61 yrs.	2. CITIZEN OF WHAT COUNTRY
during most of working	life, even if retired)	0 . 0 0 . 0 . 0		O. 1 L O LC	117)	Z.CIIIZENOI WHAI COUNIKI
13. FATHER'S NAME	157	B.+ D. KAIL-ROAL	14. MOTHER'S	KU LI NO		U.S. H.
YA.	2.0	MALLED	1 .		c.m1	
1S. WAS DECEASED EVER I	N U. S. ARMED FORCES?	16, SOCIAL SECURITY NO. 17, 1	LAU NFORMANT	UKIT	Address	
(Yes, no, or unknown) (If)	ves, give war or dates of service)		rs.Helen	Moler.Br	unawi ak	Maryland
	[Enter only one couse pe	er line for (o), (b), and (c),	T S THE TEL	THOTELDI	uiis wit E.R.	INTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:	relieration	-sare	orall or	t. aviel	ONSET AND DEATH
100	AMEDIATE CAUSE (o)		1 01	00	y.	77/3/200
Conditions, if ony	C	milladais	book	audert	neak	1959
gove rise to imm	nediote Dus TO	And Laboratory		100		
couse (a), stating the lying couse lost.	(c)					
PART II. OTHER	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN	N PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER	yperleus	win + Congl	sur)	Januare	1950	YES NO
20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY MI	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of	injury in Port I or Port II	of item 1B.)	
	Month, Doy, Year 20		LACE OF INJURY (H		town)	(County) (State
20c. TIME OF INJURY Hour o. m. p. m.		hile Not while for	octory, street, office	bldg., etc.)		
		ended the deceased fram.	NAII	1955 to JU	111 10	19.60, that (I) (we) las
saw the deceased		16 -1		A		n the date stated above
22g SIGNATURE	dive of action	The state of the s	deam accorred	OUZ_DIN, ITOIN IN	e causes and o	, 22b DATE
Made	of on	Uly V	M.D. ATTENDING	MED.	STAFF PHYS.	7/19/SIGNE
22c. PHYSICIAN'S NAME (Type)	5 H. Co	NEW, JA	Teger	Blle.	Frede	ich med
23a. BURIAL, CREMATION, REMOVAL (Specify)		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town, or co	ounty) (Stote)
Burial	Uno on	Union		Lees	burg Vir	reinia
24. FUNERAL DIRECTOR'S		ADDRESS		250. REC'D BY REGISTRA		R SIGNATURE
17. Tu te	ell Bru	nswick, Maryla	nd	DATE JUL 25 '60	arthur	1 S. Krous

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B (3ROMITIANA)	NCATE OF DEATH		TAM	
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	2/2-/-	The Township	Shittle State	12
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HE	ALT	H	DE	PI.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fuzzral director. Page 4 shows be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be regard for your files. It but along 1 by the case Board of Health, at DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the case Board of Health, or its designated agent, prior to barial, cremation, ar remaval, and in any event within 72 hours after death.

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VS.	A15ME
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	MA	AKTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	8
00:	3	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No. 985

						Keg. Dist.	NO.
PLACE OF DEATH			2. USUAL RESIDENCE (
<u> </u>	rederick	MARYLAND	o. STATE Mary	land	b. COUNTY	Frede	rick
and nive pensent town!	outside carporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corp			
Thurmont		IO years	Thurm	ont			
	L OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	30.00			e. IS RESIDENCE ON A FARM?
Own Ho	ome		I30 West	Main	Street		YES NO
3. NAME OF DECEASED (Type or print)	George	Middle Franklin 1	Loringstar	4. DATE OF DEATH	July	31	oy Yeor 19 6 6
Male	7777 - 2 A -		DATE OF BIRTH		9. AGE (In years last birthday) 48 yrs.	Months Doys	
during most of working Labore	life even if retired)	onstruction Co	RY 11. BIRTHPLACE (Slote	or foreign co		U.S	OF WHAT COUNTR
3. FATHER'S NAME			14. MOTHER'S MAIDEN I			, ,,,,	
George J	. Moringstan		Jennie	E. Si	tarner		
S. WAS DECEASED EVE	R IN U. S. ARMED FORCES?		FORMANT		Address		
Yes, no er unknown) Yes	rmy 2" th W.W	218-10-7404	Amy Moring	gstar.		at .Md.	
18. CAUSE OF DEAT	H [Enter only one couse per li	ne for (o), (b), and (c).]	V			IN	ITERVAL BETWEEN NEET AND DEATH
	H WAS CAUSED BY:	oronary Throm	posis				hr.
1 420	DUE TO						
Conditions, if ar							
gove rise to immed (a), stating the							
couse lost.	(c)						
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(0	19. WAS AUTOPSY PERFORMED?
3							YES X NO
PART II. OTH PART II. OTH PRIMARY III. OTH CAUSE OF DEATH.	SE WAS 20b. DESC	RIBE HOW INJURY OCCURRED. (E	nler noture of injury in Par	rt I or Port II c	of item 18.)		
20c. TIME OF INJUR	w	d. INJURY OCCURRED 20e. PLAC foctor work of work	CE OF INJURY (Home, forn bry, street, office bldg., etc	n. 20f. (City	or lown)	(County)	(Stote)
21. I certify th	at I took charge of th	e remoins described oba	ve, held on Autops	y X, In	spection X.	Inquiry 5	and in my
apinian death	resulted from: Noturo	I causes X Accident	7. Suicide □.	Homicide	. Undeter	mined man	ner 🗍
ACTUAL &	ame						DATE SIGNED
SIGNATURE	WIMON		_M.D. CHIEF MEDICAL EX		_		
EXAMINER'S NAME (Type)	B.O. Thomas	s, M.D.	ASSISTANT MEDIC DEPUTY MEDICAL			t I.IS	960
20. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, town, o		(Stote)
Burlal (Specify)	8-3-60	United Bret			rmont, 1	Maryla	nd
DEPUNERAL DIRECTOR	s SIGNATURE EUL	ADDRESS Thurn		D BY REGISTR		TRAR'S SIGNAT	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be repaired by the haspital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filler by the funeral director, page 34 fold be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remavol, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

			10.0	CEKTIFICA	IE OF DEAT	П			
o.	ACE OF DEATH COUNTY	ederick		MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased	l lived. If institution b. COUNTY	Residence before Frederi	
	RURAL and give no	lf autside carporate linearest tawn) aderick		th of stay in 1b	c. CITY OR TOWN	(If autside carpoi	rate limits, write RUI	RAL and give ne	arest town)
d.	OR INSTITUTION	TAL (If not in haspital, me for The			d. STREET ADDRESS		eet		e. IS RESIDENCE ON A FARM? YES NO
DE	AME OF	F	phia Ecks	Middle tein Rai	ling Last	4. DATE OF DEATH	July 23		Year 19
SEX	Female	6. COLOR OR RACE	7. MARRIED N	EVER MARRIED	8. DATE OF BIRTH Oct. 6, 187	6		Manths Days	IF UNDER 24 HRS. Haurs Min.
0	USUAL OCCUPATION during mast af warl None	ON (Give kind af war king life, even if retire	k dane 10b. KIND OF		STRY 11. BIRTHPLACE (SI	ck, Mar	_	U.S.	• A•
	Christian	n Henry Ec	kstein		14. MOTHER'S MAIDE	therin	Hopkins		
. W	AS DECEASED EVE		ORCES? 16. SOCIAL S	н	ome Records	Home	for the A		ederick,
	Conditions, if a gave rise to i cause (a), stating lying cause last.	mmediate ((b) Hyg	Mus	ine Mi	ent a	Us.	1	0+420
20(1		HER SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH 8UT	NOT RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20	0a. ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter nature of injury	in Part I ar Par	t II af item 18.)		
21	Oc. TIME OF INJUR Haur a.m. p. m.	RY Manth, Day, 1	While Nat	while fa	ACE OF INJURY (Hame, ctary, street, affice bldg.,	farm, 20f. (City etc.)	ar tawn)	(Caunty)	(State
19	saw the decea	at (1) (this haspit sed alive an 2	al) attended the		april	1957 , ta A	the causes and		
	S. SIGNIATURE	les HC	riley	k	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED
		Charles H			M.D. 228 N		Street		ick, Md.
- 1	BURIAL, CREMATIC REMOVAL (Specify) Burial			t. Olivet	Cemetery	Fred	TION (City, tawn, ar lerick, Ma		(State)
FL	INERAL DIRECTOR	S SIGNATURE OF	of F	rederick,	Maryland 250. F	JUL 26	PAB 256. REGIST	rilmy & To	

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• 34 6 9 3 7 3 1 3 5 1 5	.A. 228 H. Marinet Street	diction, dr.	Ori university and
	distribution graduation		

	P	MARYLAND STATE	DEPARTMENT OF HE	ALTH-BALTIM	ORE, 18	
		7990 c	ERTIFICATE OF D	EATH	Reg. Dist. No.9	87
M	D. COUNTY	rich	MARYLAND 2. USUAL RESIDE	NCE (Where deceased lived.	If institution: Residence before of	edimission)
	b. CITY OR TOWN (If outside con RURAL and give nearest town)	rporote limits, write c. LENGTH	OF STAY IN 16 C. CITY OF TO	WN (If outside corporate line	rits, write RURAL and give neares	t town)
J/J	d. NAME OF HOSPITAL (If not in OR INSTITUTION	1 . 1 11	rarial 69 Ju	ORESS HAND	10 1 nole	IS RESIDENCE ON A FARM? 'ES NO
	NAME OF DECEASED (Type or print)	RLES Edwa	Middle Last	4. DATE OF DEATH	Month Day	Year 1960
	SEX 6. COLOR		MARRIED B. DATE OF BIRTH	uly 60 9. AGI	E (In years of UNDER I YEAR IF birthday) Manths Days H	
	Oa. USUAL OCCUPATION (Give kir during most of working life, eve	d of work done 10b. KIND OF BUS	INESS OR INDUSTRY 11. BIRTHPLA	CE (State or foreign country) Maryland	12. CITIZEN OF V	
	AACIES FOU	ped dellie	BUSRAS Ve	ACTION NAME SA	URUNAH.	
	5. WAS DECEASED EVER IN U. S. A Yes, no. or unknown) (If yes, give wa	RMED FORCES? 16. SOCIAL SEGU r or dates of service)	RITY NO. 17. INFORMANT	letal Re	Address	
	PART I. DEATH WAS CA	only ane cause per line for (a), (b), USED BY: E CAUSE (a)	and (c).]	Che	INTERV	AL BETWEEN
	Canditions, if any, which	DUE TO		7		
	gave rise to immediate couse (a), stating the under-	DUE TO				
0	PART II. OTHER SIGNIFIC		G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONC		WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFIE 200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E)	ING 20b. DESCRIBE HOW IN OF DEATH (AMINER)	NJURY OCCURRED. (Enter nature of	njury in Part I ar Part II of it	lem îB.)	
	20c. TIME OF INJURY Month, Hour a. m.	Day, Year 20d. INJURY OCCUP While Not whi	f = -4 =44 -4f*. 1	me, farm, 20f. (City or taw oldg., etc.)	n) (County)	(State)
	p. m.	19 at work at work				
1	21. I certify that I atter	nded the deceosed fram	July, 1960,	1. 1	, 19,that I last saw	
1	21. I certify that I atter alive an 1 5 4 4	nded the deceosed fram	d that death accurred at	1. 1	causes and on the date	
	21. I certify that I atter	nded the deceosed fram	17.000	LLA_M, from the	causes and on the date	stoted above
	21. I certify that I atter alive an 1 5 4 4 4 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	A CONSTRUCTION OF THE THEREOF 22c. NAME	17.000	LLA_M, from the ADDRESS (Street, circle & 3 ~q Freederic	causes and on the date ty or town, state) City, town, or county)	stoted above

S. C. White and	TE OF DEATH	ADFINED OF		
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	all agenti	A Three Late	MARKES DI	THE STREET
	Principal Control	Discourse Committee	7	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO D NAME OF Middle Last 4. DATE Manth Day Year DECEASED DEATH (Type or print) 1960 9. AGE (In year IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH letely last, birthday) Months Days Hours Min. DIVORCED WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. corbon 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME physician hours remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. JNFORMANT Address attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET, AND DEATH ā PART I. DEATH WAS CAUSED BY WKS IMMEDIATE CAUSE (a) by any Canditians, if any, which gned gave rise to immediate in c DUE TO couse (a), stating the underbeen si puo lying couse lost burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal, PERFORMED? YES T NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. While Nat while 19 at work at wark p. m. 21. I certify that I attended the deceased from _, to that I last saw the deceased , and that death occurred at 7500 A.M., from the causes and on the date stated above. alive on ADDRESS (Street, city DATE SIGNED ACTUAL pe prior P PHYSICIAN'S ent NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) FUN (Stote) abod DREMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

after death.

within 24 hours

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		17	199	CERTIF	ICAT	E OF D	EATH			Reg. Dis	()	7989
	PLACE OF DEATH COUNTY	rederick		MARYLA		a. STATE	nce (who		lived. If institution b. COUNTY	on: Residenc		
1	RURAL ond give ne		ts, write	c. LENGTH OF STAY IN	116		wn (If o		ote limits, write R	URAL ond g	ive neares	st town)
	OR INSTITUTION	AL (If not in hospitol, s k Memorial		address)		d. STREET AD	DRESS	n Aver	nue		i	IS RESIDENCE ON A FARM? (ES NO X
	NAME OF DECEASED Type or print)	Fi		Middle		lost SMT	CH	4. DATE OF DEATH	Mon Jula		Doy 1.	Year 19 60
5. 5	EX	6. COLOR OR RACE	7. MARR	ED MEVER MARRIED	□ 8. C	DATE OF BIRTH			9. AGE (In years last birthday) 52 yrs.	IF UNDER		UNDER 24 HRS. Hours Min.
_	USUAL OCCUPATION during most of work Salesman	ing life, even if retired)	D DIVORCED KIND OF BUSINESS OR pliance Cen	INDUSTRY						ZEN OF	WHAT COUNTRY
13.	FATHER'S NAME	h Stephen				4. MOTHER'S A	AAIDEN N		ma Estel	le Bro	okins	3
IS. (Yes	WAS DECEASED EVE , no. or unknown) Yes	R IN U. S. ARMED FOR (If yes, give wor or dates of WW2	ervice)	3-03-9143	Mrs.		risti	anna S	Addi mith- Sa		Ite	m #2
NO	Conditions, if of gove rise to it couse (a), stoting lying cause lost. PART II. OTH	the <u>under</u> DUE TO)	ONTRIBUTING TO DEAT					condition GIV		1(0) 19.	WAS AUTOPSY
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCC	CURRED. (I	Enter nature of	injury in P	art I or Port	II of item 18.)		Y	PERFORMED?
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	Not while at work		OF INJURY (He y, street, office)			or town)	(C	ounty)	(Stote)
	ACTUAL SIGNATURE		, 19 C	od fram. 4-7	leath o		nird	M, fram LODRESS (SIR Street	eet, city or town,	ind on th	ast saw le date 7	the decease stated above DATE SIGNE /5/60
220	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THERE)F	Mt. Hope C		REMATORY			ON (City, town, o	- "	Ma	(Stote) ryland
23.	FUNERAL DIRECTOR		n, Fr	ADDRESS ederick, Ma	ryla		240. REC'E	BY REGISTR		STRAR'S SIG		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,

CERTIFICATE OF DEATH

THE MISSING SECOND NOVEMBER 23, 1907. anthrops afford a new mention Stand to else - Siles anneltation of orth the cale at the 22 made barren anjuranti no, urro presionanti multi sere 1985 del presione di presionali di mancionali di 1985 di Business to the second of the the San San Colon of the Colon

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TO SEE A SECURITION OF THE SEC	TO THE RESIDENCE OF SHIP YEAR OF SHIP YEAR

TAYBACHS STAYS TO A SUTAR

	CERTIFICATE OF DEATH
	PLACE OF DEATH o. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Allegany
	b. CITY OR TOWN (If outside corporate limits, write CRENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) CULLEN CULLEN C. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) ELLENSITE
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR JINSTITUTION Victor Cullen State Hospital d. STREET ADDRESS ON A FARM? YES \(\text{NO ID} \)
	NAME OF DECEASED (Type or print) Goldie Marie Stollar 1. DATE OF DEATH 7 15 1960
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last bigthday) WIDOWED DIVORCED 7. MONTHS Days Hours Min.
100	10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) House unferming life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Rennsylvama 12. CITIZEN OF WHAT COUNTRY?
13.	W. E. Nelson Stollar Mary Lewis
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 MFORMANT (If yes, give war or dates of service) 216-07-4433) Kecard of Victor Cullen State Hospin
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Hour o. m. 19 While Not while at work of otwark of the distribution of the dist
	21. I certify that (I) (this haspital) attended the deceased fram 5/2 1960, ta 7/15, 1960 that (I) (we) last saw the deceased alive an 7/14 1960, and that death accurred at 14M, fram the causes and an the date stated above.
	222 SIGNATURE Clearly chearly Attending MED. STAFF 1/5 MED. 22b. DATE PHYS. DIRECTOR PHYS. D
	22c. PHYSICIAN'S NAME (Type) Michael G. ZAVis Cullen, Mazyland.
23	Burial 23b. Date Thereof 23c. Name of Cemetery or Crematory West Finley Cemetery 23d Location (City, town, or county) (Stote) West Finley Cemetery West Finley, Penna.
	FUNERAL DIRECTOR'S SIGNATURE SUTEN - RCJZER 149 CERSTO WN CL & Zeigler F. H. 250. REC'D BY REGISTRAR'S SIGNATURE Cutlum & Known At Continue S. Known

Hyndman, Penna.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNCE DIRECTOR: After this certificate has been signed by the attending physician and campletely fille page 3 wild be detached far use as the burial-transit permit. Then please remave carban papers. Pages the State Board at Health priar to burial, cremation, ar remaval, and in any everywhitin 72 hours after death. VR A15 (4) 15M 9/59

by the funeral director, of 2 should be fitted with

This was the same of the same The secret was a Postale Jobolana B at all states as it seems to be acres to the total The state of the s O.C. - - - I. J. Tradition Declaration And made and for the state of t

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
7994	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

07993 Reg. Dist. No.

	Keg. D	131, 140.
1. PLACE OF DEATH O. COUNTY FREDERICK MAR	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	ntgomery
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STA		
RURAL and give nearest town) FREDERICK Indas	DICHERON 15X	-2
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
FREDERICK MEMORIAL HOSP	[AL]	YES NO
3. NAME OF First Middl DECEASED	Last 4. DATE Month	Day Year
(Type or print) KATHERINE SEC 5. SEX 6. COLOR OR RACE 7. MARRIED IN NEVER MARI	THOMAS DEATH JULY	13 1960 R 1 YEAR IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED 10 NEVER MARI	lost birthdoy) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS		TIZEN OF WHAT COUNTRY?
HOUSEWIFE COM hom	e MARILLAND 1	1 C A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	(12.71.
mbrown	Timbrow	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N (Yes, no, or unknown)	17. INFORMANT Address	/
no	A.M. Thomas - Dickerson	v. mel
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) AR E COSC 1	LOTIC HEART DISEASE WITH	
DUE TO DUE TO	111100	5/25/60 707/13/1
Conditions, if any, which gave rise to immediate DUE TO	- HILUKE	1-1-740 10 [13]
lying cause last.		
	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT 1(o) 19. WAS AUTOPSY PERFORMED?
<u> </u>		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter noture of injury in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from MAY	5 , 1960, to JULY 13 , 1960, that I	last saw the deceased
alive on 1444 13 1960 , and the	death occurred at 1: 45 A.M. from the causes and on t	the date stated above.
1110	ADDRESS (Street, city or lown) stote)	DATE SIGNED
ACTUAL SIGNATURE ,	_M.D. Trederick Ind	
PHYSICIAN'S NAME (Type) A. A. Pearre		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CE	TERY OR CREMATORY 22d, LOCATION (City, town, or county)	(Stota)
12411 1/13/60 10nce		mal
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SI	
WILLIAM N. MILLON, DUNN	DELLO, MATE JUL 18'60 Cirtum 2	

ARYLAND STATE OFFICE OF HEALTH CHAINFIELD & The State of the S the beam and interest or the fact and that I that Q to A to bring the A that has been to the All and A

VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7995

CERTIFICATE OF DEATH

47 () 11				Reg. Diş	t. No.
PLACE OF DEATH O. CHUNTY Trederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. b.	If institution: Residence COUNTY rede	rick
b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or		s, write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	7	~ .	e. IS RESIDENCE ON A FARM?
Frederick Memorial		155 w.All	Saints	St	YES NO
NAME OF DECEASED (Type or print) Bertha ELiz	Middle abeth Larkir	lost ns Timpson	4. DATE OF DEATH	Manth	Day Year
6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH Sept 16, 1	9. AGE lost b 916 42	irthday) Months	1 YEAR IF UNDER 24 HRS Days Haurs Min.
Op. USUAL OCCUPATION (Give kind of work done 100					ZEN OF WHAT COUNTRY
during most of working life, even if retired)	Amvets Club				S.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
William P Larkins		Dora Ca	therine	Wilkerso	n
The same and the s	SOCIAL SECURITY NO. 1 17-12-2470	Dora C. Wi	lkerson	Address 155 W.	All Saints
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Canditions, if only, which gave rise to immediate couse (a), stating the underlying couse last. (c)	laliquent	tear 7	a, lup		Therval Between onset and beath of Goods
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMII	NAL DISEASE CONDI	TION GIVEN IN PART	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	Part I ar Port II af ite	m 18.)	
20c. TIME OF INJURY Manth, Doy, Year 20d. It Hour a. m. While at worl	Nat while for	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.) (0	Caunty) (State
21. 1 certify that I attended the decease alive an		5 , 1960, to accurred at 11: P	M, fram the ca	uses and an the	st saw the decease date stated above
ACTUAL SIGNATURE POPL & MIL	le.	M.D. 5k	Opping	Century	7/8/6
PHYSICIAN'S Rolph L	. Michel	5	Frederic	er, Med	1
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (Cit	Mons	(State) 7Land
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			246. REGISTRAR'S SIC	
C.E.Hicks, 111 24 W	est All Sair	its st DATE	JUL 1 2 '60	Colling	S. Kroud

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	Marches Leavy Dell		All Commission States	
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	in the sale	2 1/4 1	27 67 7	
and the same of th			The state of the state of	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8018 CERTIFICATE OF DEATH

07995 Reg. Dist. No.

											., .,	
1. PLACE o. CO	-	rederick		٨	MARYLAND	o. STATE	DENCE (Wh		lived. If instituti b. COUNTY		e before od	
RUI	Y OR TOWN (If autside carporate lin		c. LENGTH OF	STAY IN 16	c. CITY OR 1		utside carpora	ote limits, write R			
d. NA	ME OF HOSPI	TAL (If not in hospital, Convalesce	give street	oddress)	ome	d. STREET A	DDRESS	lia Ave	enue		0	RESIDENCE N A FARM? S NO
3. NAME DECEA (Type	E OF ASED or print)	MA	irst RK		iddle	lo, COWNSEND		4. DATE OF DEATH	Mor Jul		25.	Year 19 60
5. SEX	ale	6. COLOR OR RACE	7. MARR		ARRIED D	April 5			AGE (In years last birthday) 76 yrs.			INDER 24 HRS.
durin	AL OCCUPATION MOST OF WOR	ON (Give kind of work king life, even if retire	done 10b.	Law F		TRY 11. BIRTHPL			untry)	12. CITI	ZEN OF W	HAT COUNTRY
13. FATHI	ER'S NAME					14. MOTHER'S	MAIDEN N	IAME			-	
	М	ark Townse	nd				J	enny S	omers			
No. No. or	r unknown)	ER IN U. S. ARMED FO (If yes, give war or dates of ATH [Enter anly and	15 15	1-32-652	25 Mrs	Natal:	ie T.	Kline	303 Mag Frede	fiblia rick,	Mary]	Land
ga cau lyin	nditions, if of verise to itse (a), stating ag cause last.	the <u>under-</u>	(a) (b) (c)	Caroes	mla coma	DU		tate			M. ye	outles
CERTIFICATION (1) E	ACCIDENT W	HER SIGNIFICANT CO	20b. DES), (Enter noture o				EN IN PARI	PE	RFORMED?
OR OR	CONTRIBUTING	G CAUSE OF DEATH										
WEDICAL 20c.	TIME OF INJUI Hour a. m. p. m.	RY Manth, Day, Y	While	NJURY OCCURRES	foc	ACE OF INJURY II tary, street, affice	Home, farm, bldg., etc.	, 20f. (City o	or tawn)	(Co	ounty)	(State)
ACTI SIGN PHY:	UAL NATURE	ames B. Th	19.6 Th	one	<u>. </u>	Fred	7:45P ession	M, fram ADDRESS (Sire nal Bu.	eet, city or town,	and an th	e date s	
REM	OYAL (Specify					t Cemete	rv		derick,	o. coomy)	Mary	
		S SIGNATURE	3-7-00	ADDRESS	27746	J JOHN JO	N	BY REGISTR		STRAR'S SIG		
		hison & Se	n. Fr		Maryla	nd	DATE AL		0	allua P		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 by the funeral inector, and 2 should be tiled with may be retained by the haspital or attending physician.

TO FUR CAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page through be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registror prior to burial, cremotian, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/55

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	A Paris and A Pari	pri Jreath	Harrison - No. 2000
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	Walled Walls		Mark Connend
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

	799	6	CERTI	FICAT	E OF DEAT	гн		Reg. Dis		173	196
1. PLACE OF o. COUNTY	Frederick		MARY		USUAL RESIDENCE (d lived. If institution b. COUNTY				n)
RURAL	TOWN (If outside corporate limits and give nearest town) erick		LENGTH OF STAY Since-191		c. CITY OR TOWN (I	f outside corpo erick	prote limits, write R	URAL ond g	lve neares	town)	
d. NAME OF	OF HOSPITAL (If not in hospitol, giver agnolia Avenue	e street odd	dress)		d. STREET ADDRESS 832-A No.	rth Mar	rket Stre	et	e. I	S RESIDI	ENCE ARM? NO
3. NAME OF DECEASED (Type or pr	First int) LENA	Н	ORMAN S.	TRI	TAPOE	4. DATE OF DEATH	Mon	h July	24,	Yeo	or 60
5. SEX Femal	e White	MARRIEC		_	5 Feb 1877		9. AGE (In years last birthdoy) yrs.	Months		UNDER	24 HRS. Min.
100. USUAL O	occupation (Give kind of work do ost of working life, even if retired) d—Seamstress		othing Fac		Nr. Urba				ZEN OF V	VHAT C	OUNTRY
13. FATHER'S I	name am H. Horman				Mary E.						
15. WAS DECI	EASED EVER IN U. S. ARMED FORCOWN) (16 yes, give war or dates of ser	And the second	-12-0809		Mary Evel;	yn Fout	Add (Same		em #1)	
Conditi gove r couse (o	SE OF DEATH [Enter only one counter only	Clu	for (o). (b). and (c).	fyl	itis				INTERV. ONSET MA	and di	VEEN EATH
ICATIO	ART II. OTHER SIGNIFICANT COND							'EN IN PART	P	WAS AU PERFORM IS TO A	VED3
	R. NOTIFY MEDICAL EXAMINER)	Ob. DESCRI	BE HOW INJURY OF		Enter noture of injury i		rt II of item 18.)				
	OF INJURY Month, Day, Year o. m. 19 p. m.	While	Not while ot work	20e. PLACI foctor	OF INJURY (Home, for y, street, office bldg., o	erm, 20f. (City	y ar town)	(C	County)		(Stote)
21. I ce alive o ACTUAL SIGNATU PHYSICIA NAME (T	re James B.	196	o, and that	death o	coursed at 7 228 N. M. Frederic	ADDRESS (S	m the causes of treet, city or town,		ne date	stated	obove E SIGNEE
220. BURIAL,	CREMATION, 226. DATE THEREOF		22c. NAME OF CEMI Mount Oli			Frede	TION (City, town, cerick, Ma	rylan	d	(Stote)	
23. FUNERAL M. R.	Director's signature Etchison & Son,	Fred	ADDRESS lerick, Ma	rylan	d	11 2 6 '60		STRAR'S SIG		115.9	

WARTLAND STATE DEPARTMENT OF REALTH-BASISMORE, 1

CERTIFICATE OF BEAT

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7997 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07997

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Frederick Page O. STATE S.C. b. COUNTY files. Health, MARYLAND Charleston b. CITY OR TOWN (It autside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write_RURAL and give nearest town) your d Frederick Charlston d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital 9 Rogers Alley YES NO DE NAME OF Middle 4. DATE Month Year DECEASED Josephine Vidala DEATH July 16 19 60 (Type ar print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. 40 yrs. Months Days Hours Female July 10, 1920 WIDOWED | DIVORCED | in pencil in them, 18. Give Pages 1, 2, and ter's Office along with form PM3. Page 5 i byvial-transit permit. File pages 1 and 2 ar removal, and in any event within 72 hay 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? S. Carolina U.S.A. Self Employed Show Business 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Ragland Marv Hester WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. South Carolina Address (If yes, give war or dates of service) No Bradley Vidala .. 9 Rogers Alley- Charleston 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Stab wounds of heart (3) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) word "pending" in pencil in Ite of Medical Examiner's Office al auld be used as a burial-transit Stab wound upper left lung and Stab hour **DUE TO** wound lower right lungd Canditians, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying e used as a cremation, cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. EXTERING CAUSE WAS PRIMARY TO TO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) One of a carvinal gang stabed her Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or lawn) (County) (Stote) July 16, 60 work of work of work Brunswick, Md Brunswick. Frederick. Md. Page 21. 1 certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry , and in my certificate, w forwarded to DIRECTOR: 1 opinion death resulted from: Natural causes 🗍 , Accident 🗍 , Suicide 🧻 , Homicide 🔼 , Undetermined manner 🗍 .O. Thomas. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER B.O . Thomas . M.D. **EXAMINER'S** July 17.1960 DEPUTY MEDICAL EXAMINER NAME (Type) FUN 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION, 22b. DATE THEREOF (Stote) Burial 10 Fairview Frederick, Maryland 7-24-60 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE UL 25 '60 arthur S. Kraus

Frederick, Ma ryland

VS. A15ME

C.E. Hicks 111

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

17990

		807	[9]	CERTIFIC	CATE OF DE	ATH		Reg. Di		000	
	PLACE OF DEATH a. COUNTY	Frederic	ζ	MARYLAND	O STATE	Mar ylar	sed lived. If institut b. COUNTY	_		re odmissie	
	b. CITY OR TOWN RHEAL ond give to Thurm Of	(If outside corporate lim regrest town) nt rura.		c. LENGTH OF STAY IN 18	c. CITY OR TO	WN (If outside corp	porate limits, write l	RURAL ond	give nec	rest town)	
	d. NAME OF HOSPI OR INSTITUTION OWN	TAL (If not in hospital, and Home	give street o	oddress)	d. STREET ADD	hurmont	; RD 2	66 -		e. IS RESI ON A YES	FARM?
	NAME OF DECEASED (Type or print)	Russel:		Middle arbaugh Wa	stler	4. DATE OF DEAT			7 Da	196q	ear
5.	male	6. COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	8, 1889	9. AGE (In years last birthdoy)	IF UNDER Months	1 YEAR Doys	Hours Hours	R 24 HRS. Min.
n .	during most of wor	ON (Give kind of work rking life, even if retired	done 10b. 1	Rented fa		E (Stote or foreign	country)	12. CIT		WHATCO	DUNTRY?
13.	FATHER'S NAME Jonas	Wastler			14. MOTHER'S M		rbaugh				
	WAS DECEASED EV is, no, or unknown) NO	ER IN U. S. ARMED FOR (If yes, give war ar dates of	ervice)	0-30-9671	Mrs. Ros	ie Wast		hurmo	ont,	Md	. RD
		the <u>under-</u> DUE TO	, an	e for (o), (b), and (c).] noway to leriosclero	trombon tie earlis	· Vassin	lu diséi	est	de	erval Bet et and energy energy	DEATH L. C
CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS C	ellletere	UT NOT RELATED TO TH	HE TERMINAL DISEA	ASE CONDITION GI	VEN IN PAR	T 1(a) 1	9. WAS A PERFOR	RMED?
	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter noture of in	njury in Part I or P	ort II of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	ar 20d. IN While of work	Not while	PLACE OF INJURY (Hor foctory, street, office b		ity or town)	(1	County)		(State)
	21. I certify to alive an	hat I attended the	196 Utt	/ //	th accurred at 6	30A; Mon	(Street, city or town,	and an the		stated	
220	BURIAL, CREMATION REMOVAL (Specify Burial	7-9-60		22c. NAME OF CEMETERY Mt. Tabor	OR CREMATORY Cemetery		ATION (City, town,		ar y	(Stote)

Thurmont, Md.

ADDRESS

24a. REC'D BY REGISTRAR

DATE JUL 11 '60

Rocky Ridge, Maryland
BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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VS A1S (4) 15M 9/SS

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
7998	CERTIFICATE OF DEATH	Re

(17999 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Frederick		MARY	LAND	2. USUAL RESID o. STATE	Mary	ere deceased live	ed. If institution b. COUNTY		erick	
b. CITY OR TOWN (RURAL and give no Ereder	f autside corporate limi earest town) LCK	ts, write	c. LENGTH OF STAY	IN 1b	C. CITY OR T		outside carporate derick	limits, write Ri	JRAL ond gi	ve nearesl	tawn)
OR INSTITUTION	AL (If not in hospital, g				d. STREET A		ace			(RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Fir MA		Middle ELIZA		WEDI		4. DATE OF DEATH	Jul		20,	Year 19 60
5. SEX Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRI		July 21		9. 4	GE (In years of birthday) yrs.			JNDER 24 HRS. Durs Min.
100. USUAL OCCUPATION during most of world House-Wi	king life, even if retired	done 10b.	At Home	R INDUST		ACE (Stote arylar		у)		SA	HAT COUNTRY?
13. FATHER'S NAME Jol	n Heffron				14. MOTHER'S		NAME n Measel	1			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dotes of s		NONE		FORMANT	H. We	80 eddle, F	2 North			
Canditions, if a gave rise ta i couse (a), stating lying cause last.	mmediate (sute Cer	rna	J	THE TERMI	INAL DISEASE CO	ONDITION GIVI	EN IN PART	1(a) 19. W	VAS AUTOPSY ERFORMED?
US (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)	or 20d. II While of war	ed from Jul	20e. PLA fact	CE OF INJURY (ory, street, affice 19 6 (occurred at	Home, farm a bldg., etc.	20f. (City or 1	e causes o	,,that I la	ounty)	(State) the deceased stated obove. DATE SIGNED 7/21/196
PHYSICIAN'S NAME (Type)	R. C. Reyn		M. D.	ETERY OR		rick,	Marylar		r county)		(Stote)
Burial 23. FUNERAL DIRECTOR		1	Mount O	nd	Cemete		D BY REGISTRAR		TRAR'S SIGN		yland
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

-		79	99	CERTIFIC	ATE OF DEATH			Reg. Dist. No.	8000
	COUNTY	Frederick		MARYLAND	2. USUAL RESIDENCE (Who o. STATE	rylan	lived. If institution		
b. C	CITY OR TOWN (I	outside corporate limi orest town) TICK	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	mide corpo erick		RAL and give neare	si fown)
d. †	NAME OF HOSPIT OR INSTITUTION 103 Wes	AL (If not in hospito), of Second S	treet	oddress)	d. STREET ADDRESS	Seco	nd Street		IS RESIDENCE ON A FARM? YES NO A
	ME OF CEASED pe or print)	MA		Middle ALLEINE	WILLIAMSON	4. DATE OF DEATH	Month Jul		Year 1960
5. SEX	Female	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED	8. DATE OF BIRTH September 2,	1884	1 1 1 1 1 1	Months Days	UNDER 24 HRS. Hours Min.
10a. U	SUAL OCCUPATION FOR MOST OF WORK HOUSE-W	N (Give kind of working life, even if retired	done 10b.	At Home	USTRY 11. BIRTHPLACE (Stole of Maryland	or foreign c	ountry)		WHAT COUNTRY
13. FA1	THER'S NAME J.	Alleine Wi	lliar	ison	14. MOTHER'S MAIDEN N		t McGill		
		R IN U. S. ARMED FOR			. Bernhard Wil	liams	1529 Pe	entridge nore 12,	Road, A
0 i)	Conditions, if or gove rise to it cause (a), stating ying cause lost.	the <u>under-</u> DUE TO	,	Ingesture Arteriopa	Glant Venstei Vens	ps.	Jeseas	0 / 4	ear
ā	PART II. OTF	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIVEN		PERFORMED?
RTIFICATION OF THE CATION	a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	art I or Part	I II of item 18.)		ES NO
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye	or 20d. If	NJURY OCCURRED 20e. P	ED. (Enter nature of injury in P PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City		(County)	(State)
WEDICAL OF STREET	c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	20d. If White of wor	NJURY OCCURRED 20e. P Not white at work ed from.	NACE OF INJURY (Home, farm, octory, street, office bldg., etc.) 1957, ta h accurred at	20f. (City	or town) 2-9-, 19-6-on the causes and treet, city or town, store	that I last saw	(State)
21 al	C. TIME OF INJUR Hour o. m. p. m. 1. I certify th live on	Y Month, Day, Ye	20d. It White of wor decease, 194	NJURY OCCURRED Not while I work 20e. P	h accurred at 1.00A M.D. East Church	20f. (City M fran ADDRESS (Si	or town) 2-9-, 19-6-on the causes and treet, city or town, storeet	that I last saw d an the date ote) 8/1/	(State) the deceased stated above DATE SIGNED

moy be retained by the haspital or attending physicion.

TO FUNDER, DIRECTOR: After this certificate has been signed by the attending physicion and complet page by Journal of the property of the property of the property of the registrar prior to buriol, cremation, or removal, and in any event within 72 hours of death. VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

d completely fill papers. Poges

CERTIFICATE OF DEATH The state of the s except ALER water CALL The second secon makes the property of the passes of the pass BORALL Swords showing reals And the last of th ner a pour de la company de la Mental resolution of the plant of the state of the state

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a. COUNTY	Fred	lerick		MARYL	AND	USUAL RESIDENCE (Was STATE	land	b. COUNTY	Was	hin	gtor	1 ~
b. CITY OR TO RURAL and Cull	OWN (If autside carp give nearest tawn) . en	orate limits, wr		th of stay ii		c. CITY OR TOWN (IF		rate limits, write R	RURAL and	give nea	rest town	2
d. NAME OF OR INSTITU	HOSPITAL (If not in h JTION Vict			State	Hosp	d. STREET ADDRESS	Geor	gia Ave				FARM?
NAME OF DECEASED (Type or print))	First	Cor	Middle nelius	Wyı	lost nkoop	4. DATE OF DEATH	Jul		20		rear 19 60
S. SEX	Whit	e WID	OOWED [NEVER MARRIED	IX 11	ATE OF BIRTH 1-18-1890		9. AGE (In years last birthday) 69 yrs.	Months Months	Days	Haurs	R 24 HR! Min.
dorning most	UPATION (Give kind of working life, even onductor	ii ieiiieu)	_	BUSINESS OR		Virgini		don Co esburg		IZEN OF	WHATC	OUNTRY
3. FATHER'S NA	Joseph	Wynko	ор		1.	4. MOTHER'S MAIDEN		e Works				
S. WAS DECEAS	(If yes, give word	or dates of service)			Pat:	rmant ient's hi	spory		ress Cu	lle	n Ho	spi
										LINTE	PVAL RE	
	OF DEATH [Enter on I. DEATH WAS CAU	SED BY:		, (b), and (c).] imonia		0-493				ONS	ET AND	
Canditian gave rise	I. DEATH WAS CAU IMMEDIATE s, if ony, which to immediate stating the under-	SED BY: CAUSE (a)				0-493				ONS	l da	DEATH
Canditian gave rise cause (a), s lying caus	s, if ony, which to immediate stating the under e last. 11. OTHER SIGNIFICA	SED BY: CAUSE (a) DUE TO (b) DUE TO (c) ANT CONDITIO	Pner	IMONIA	490	IT RELATED TO THE TERM			VEN IN PA	ons 1	l da	AUTOPSY RMED?
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Candition gave rise cause (a), s lying cause (a), s lying cause OR CONTRIE (IF EITHER, N Haur 20c. TIME OF Haur 21. I certification of the cause of	I. DEATH WAS CAU IMMEDIATE Is, if ony, which to immediate stating the under- e lost. II. OTHER SIGNIFICA ENT WAS UNDERLYIN BUTING CAUSE O NOTIFY MEDICAL EXA FINJURY Month, o. m. p. m. fy that (I) (this is deceased alive of TURE LIAN'S	SED BY: CAUSE (a) DUE TO (b) DUE TO (c) ANT CONDITIC ANT CONDITIC On Spiral 20b. F DEATH AMINER) Day, Year 2 19 naspital) at an 20b.	PRESCRIBE HOWARD NO. INJURY OF Work Of the through of the through	UTING TO DEAD OW INJURY OC CCURRED I while work deceased if	TH BUT NO	OF INJURY (Hame, faring, street, office bldg., et accurred aft.) ATTENDING ATTENDING DE 22d. ADDRESS	Part I ar Par	at 11 of item 18.) ar tawn)	, 1 on th	(Caunty)	D. WAS / PERFO YES at (I) (vestated)	AUTOPSY RMED? (State we) las above b. DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 DIRECTOR: After this certificate has been signed by the attending physician and campletely fille bould be detached far use as the burial-transit permit. Then please remave carban papers. Pages the State Board of Health priar to burial, crematian, ar remayal, and in any ment within 72 hours after death retained by the haspital ar attending physician. TO FUNI page 3 sm

by the funeral directar, nd 2 shauld be filed with

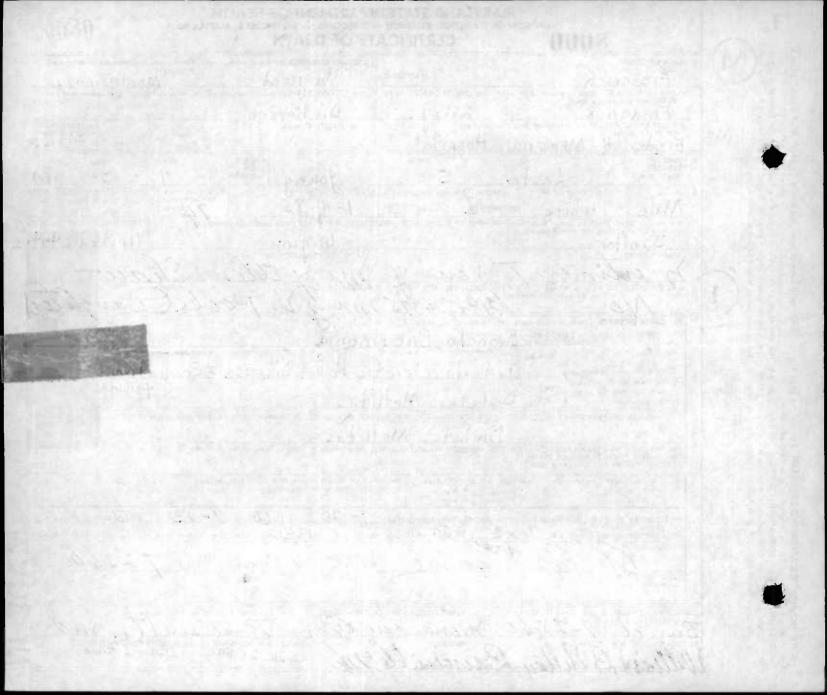
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Prederlok Surviva Auryland Kolvebard nvetarouski a suso II Victor Culled State Hose, 825 Georgia Ava Wint gooday's allegroom sach 69 0681-81-11 x.dog 2 0214M 0414M Al Conductor An Guaductor Virginia Cerebrol Es Joseph Wyalcop Alice soils No No. Joseph Patient's history. Vietor Culled Hospital Page No Page No 199 1993 eves 11 7-9- 7-20- 50 7-20-7-910 50 pm 1. +0 pm 2. -1 7-20-50 Michael C. Mavis Wictor Gullon Hospitsl, Cullen, M. The state of the sense of sections of the man again to the

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	8000 CERTIFICA	ATE OF DEATH					
	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY And Jana					
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) FYCACVICK C. LENGTH OF STAY IN 16 2 3045	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)					
7	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION FYELEVICK MEMORIAL HOSPITAL	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)					
	3. NAME OF DECEASED (Type or print) LESTEY S	Lost 4. DATE Month Day Year VOIL N 9 DEATH 23 1960					
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	B. DATE OF BIRTH O 9. AGE (In years lost birthday) 9. AGE (In years lost birthday) Manths Days Haurs Min.					
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Virginia United State					
-	marliner T. Voung	mary Ellen Shaw					
	(Tes. no. or unknown) (If yes, give wor or dates of service) 2/9-12-4675	mary V. Poole Daughter					
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) BYONCHO PNCUMD NIA ONSET AND DEATH						
	Q 6 0 X DUE TO						
	Conditions, if any, which gave rise to immediate cause (a), stating the under: lying cause last. Conditions, if any, which gave rise to immediate cause (a), stating the under: Lying cause last. Col Diabetes Mellitus						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTIONS CONTR	ED. (Enter nature af injury in Part I ar Parl II af item 18.)					
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While Nat while at wark at wark	LACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) actory, street, affice bldg., etc.)					
-	21. I certify that (I) (this haspital) attended the deceased fram. 7-20						
	220. SIGNATURE A. G. Pearre	M.D. ATTENDING MED. STAFF 7-23-60 226. DATE SIGNED					
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS					
	230. BURIAL, CREMATION, 23b. DATE THEREOF, REMOVAL (Specify) 7-25-60 MONOCOC	OR CREMATORY 23d. LOCATION (City, town, ar county) (State)					
	14 FUNERAL DIRECTOR'S SIGNATURE BUSIELS	DATE JUL 2 6 '60 25b. REGISTRAR'S STONATURE					



by the funeral director, and 2 should be med with

may be retained by the hospital ar attending physician.

TO FUN. C. DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 3. Found be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8021

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Frederick	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#6					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give accress lown) RD#6						
d. NAME OF HOSPITAL (If not in hospitol, give street of RINSTITUTION Reich's Ford Road	d. STREET ADDRESS Reich's Ford Road			e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF First DECEASED (Type or print) WILLIAM	Middle THOMAS	ZEPP	4, DATE OF DEATH	Month July 1	Day Year 8, 1960	
5. SEX 6. COLOR OR RACE 7. MARRII WIDOWEE	D NEVER MARRIED DIVORCED	B. DATE OF BIRTH 30 July 187	9, AGE (In last birth	years IF UNDER Months	YEAR IF UNDER 24 HR. Days Hours Min.	
	ilroad Compan	y Montgomer	y County, M		ZEN OF WHAT COUNTI	
13. FATHER'S NAME Marshall T. Zepp	14. MOTHER'S MAIDEN NAME Martha Golden					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		rs. Irene E.	D'Brien (Sa	Address ne as ite	m #1)	
IMMEDIATE CAUSE (o) DUE TO DUE TO		Lasis I NOT RELATED TO THE TERM	A deser	DN GIVEN IN PART	37 Le + 37 Le + 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN. Hour o. m. While	RIBE HOW INJURY OCCURRED JURY OCCURRED Not while of work	D. (Enter noture of injury in LACE OF INJURY (Home, forn actory, street, office bldg., etc	n, 20f. (City or town)		ounty) (State	
21. I certify that I attended the deceased from						
220. BURIAL CREMATION, BRUTISH Specify 7-21-60	22c. NAME OF CEMETERY C	DR CREMATORY	22d. LOCATION (City, Frederick		(Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE Son, Free M. R. Etchison & Son, Free	derick, Maryla		D BY REGISTRAR 24b	REGISTRAR'S SIG	NATURE	

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